

Aging  
Services  
Environmental  
Scan 2001

a report on the current conditions of seniors in Austin and Travis County

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This report may be viewed online at [www.caction.org](http://www.caction.org)

## ACKNOWLEDGEMENTS

This report is a collaborative effort between Travis County Health & Human Services and Veterans Service, the United Way/Capital Area, St. David's Foundation and the Community Action Network. This report was produced under the guidance of the Aging Services Environmental Scan Committee – a dedicated group of volunteers committed to improving the conditions for older adults. Travis County Health & Human Services and Veterans Service's Research and Planning Division conducted the majority of the research and wrote this report with assistance from the United Way/Capital Area and numerous individuals within the community.

We attempted to include all those who had a part in this undertaking, but if we have inadvertently omitted anyone, we apologize and ask that you inform us so that we may recognize you appropriately as the process continues. Thank you for your contribution and support of this community project.

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## AGING SERVICES ENVIRONMENTAL SCAN OVERVIEW

Our community is growing older. By the year 2020, it is estimated that nearly 165,000 Travis County residents will be age 60 or older (Texas Health and Human Services Commission), and individuals age 75 or older are the fastest growing segment of the older adult population. In addition to the increase in the number of older adults, more of these individuals will be ethnic and racial minorities.

By 2020, almost one in five Travis County residents will be age 60 or older, an increase of more than 100% from 2000.

These demographic shifts will produce important changes. First, the ethnic and racial shift will mean that more older adults are from subsets of the population that traditionally have fewer economic resources and poorer health outcomes. Second, the rise in the number of individuals over age 75 will mean an increase the number of older adults needing assistance with activities of daily living (ADLs).

"Respecting our elders' might serve as a theme to guide civic commitment and political activism for the year."

Austin American-Statesman,  
January 1, 2001

These population shifts necessitate that the community review how it supports and provides services for older adults. In planning for these changes, it is important to remember that the vast majority of older adults want to live as independently as possible and remain living in their own homes.

### KEY FINDINGS

#### MAJOR ISSUES IMPACTING OLDER ADULTS

The likelihood that an older adult will be able to live independently depends on a variety of factors. The major determinants of independent living include adequate food and nutrition; affordable and quality housing, home repair, and home modification; physical and mental well-being; access to transportation; freedom from victimization; legal protections; and sufficient financial resources. Key findings around these conditions include:

- **Food and Nutrition:** Up to 85% of older adults are malnourished, and only 35% of eligible older adults receive Food Stamps.
- **Housing, Home Repair, and Home Modification:** There are approximately 5,630 elderly homeowners and renters in Travis County who have an unmet housing need, defined as the need for more income in order to afford housing or lower rent; the need for more space to alleviate overcrowding; or the need for housing repair to address substandard conditions such as faulty wiring, leaky roofs or other problems.
- **Physical and Mental Well-Being:** Physicians are limiting the number of

Austin and Travis County are losing the only Medicaid managed care programs that provide prescription drug coverage.

Medicare/Medicaid patients they serve due to low reimbursement rates which negatively impacts the ability of older adults to access primary care. The high cost of prescription drugs threatens the ability of older adults to access prescription medications. Suicide rates among older adults are higher than other age groups and as many as 17% of adults over age 60 have substance abuse problems.

- **Transportation:** Transportation services are not coordinated or centralized. To access transportation services, older adults must call and make an appointment with one of several transportation providers. Non-profit organizations are attempting to fill in the gaps left by public transportation providers, but current demand is outpacing supply.
- **Victimization:** In FY 1999, Adult Protective Services conducted 1,733 investigations and confirmed 966 cases of adult abuse, neglect, and exploitation in Travis County. The majority of abusers are known to the victim and 40% are adult children of the victim
- **Legal Protections:** Bill Payer and Money Management programs are important to help individuals stay in their own homes and prevent exploitation. Guardianship programs are also critical to protecting individuals against exploitation and abuse. Resources are needed to help would-be-guardians pay for legal services and fees to apply for guardianship.
- **Economics:** In 1999, 10% of Travis County adults over the age of 64 were living below the federal poverty line. Poverty rates among older adults increase with age.

Self-sufficiency in Austin requires an average monthly income of at least \$1,300. Because the average Social Security payment is just \$806, the cost of living in Austin is only affordable for older adults who have other resources.

## CURRENT SYSTEM FOR CARE AND SUPPORT OF OLDER ADULTS

Two systems exist to care for older adults – the formal Long Term Care System (LTC) and the informal system of family and friends (Caregivers):

- The majority of care for older adults is provided by family members and friends. However, caregiving is reactive, not proactive. Most caregivers spend twice as many months providing care as anticipated. Societal trends are increasing the strain on caregivers which could negatively impact their ability to provide care.
- The vast majority of LTC resources are spent on institutional care which is six times more expensive than community based care.
- Nearly 70 public, non-profit, and private agencies provide a range of services to address the needs of Travis County's aging population. Despite this strong base of support, the increase in the total number of older persons will result in an increase in need for services.

## RECOMMENDATIONS

The community has an opportunity to take positive steps towards improving the lives of older adults in Austin and Travis County. This assessment reviews key challenges facing older adults and the community. Ideally, the community will work towards developing a

seamless continuum of services that are affordable and accessible. The following are a sample of recommendations for how to address the key challenges and begin strengthening the services that are available in the community.

#### **Recommendations to Address Key Challenges:**

- **Food/Nutrition:** Strengthen outreach efforts to increase the number of individuals receiving Food Stamps.
- **Housing, Home Repair, and Home Modification:** Consider developing centralized home modification and repair services to improve accessibility.
- **Physical and Mental Well-Being:** Focus on ensuring availability of primary care and prevention services for older adults.
- **Transportation:** Consider centralizing the dispatch for transportation services so that older adults can call one number to access transportation services. An alternative to centralized dispatch would be to develop a tiered transportation system in which services are organized by geographic location or level of need such as non-disabled, mobility impaired, escort needed, etc.
- **Victimization:** Develop and implement a gatekeeper program that trains personnel such as police officers and utility workers to know the signs of abuse and to report suspicions to the appropriate agency.
- **Legal Protections:** Increase volunteer recruitment efforts. More volunteers are needed to serve as money managers and guardians.

### **A PLAN FOR ACTION**

It is difficult to prioritize any one issue as being more important than another - all the issues are interconnected. Food and nutrition impact physical and mental well-being. Transportation impacts access to every other service. However, it is not prudent or possible to tackle all of the issues at the same time. Therefore, it is recommended that, of all of the recommendations in this report, the following three issues be addressed first.

#### **1. COMPREHENSIVE PLAN**

Possibly, the most important step the community can take now is to establish a community planning body charged with developing and implementing a comprehensive community-wide plan to meet the needs of the older adult population. This plan should address the two key points of this report. First, older adults want to live as independently as possible in their own homes. Second, the older adult population is increasing and the composition is changing. The level and complexity of care needed by older adults is likely to increase and the community would be well served to plan now for this increase.

A comprehensive plan should:

- Identify strategies that prevent and delay disability.
- Ensure the availability and accessibility of community based care and in home supports.
- Advocate for shifting resources to support community based services.
- Expand and leverage resources to meet the increasing need.
- Create a seamless continuum of services.
- Prioritize issues to be addressed. Based on information collected for this report the issues of transportation and housing (including repairs and modifications) should be addressed first.

## **2. HOUSING**

A service provider focus group conducted as a part of this process identified affordable and accessible housing as the single most important issue facing older adults. A local survey of older adults found that home repair and modification is top on the list of services they need.

Addressing the housing needs of older adults requires making housing safer and more affordable. Planning in this area should also address this report's finding that local home repair and modification programs are overburdened and uncoordinated. Consideration should be given to developing centralized home modification and repair services.

## **3. TRANSPORTATION**

Focus group participants and respondents to surveys conducted as part of the assessment also identified transportation as a critical issue for older adults in this community. Existing transportation services are not coordinated or centralized. Consideration should be given to developing a more centralized transportation system that is easier to use. Every effort should be made to work with existing transportation providers to improve services.

## **SUMMARY**

The increase in the number of older adults will impact our community. The decisions the community makes today will impact every citizen who is faced with making decisions for him/herself, for his/her parents or other relatives. As a community, we have a unique opportunity to ensure that older adults are able to maintain quality of life and are able to get the care they need as they age. The Austin American-Statesman identified addressing the needs of older adults as a top priority for our community in 2001. The Aging Services Environmental Scan (ASES) report provides the basic information necessary to begin planning for the changes in our population. As individuals and families seek cost-effective ways to care for our elders, new policies can and should emerge. Engaging the community in a comprehensive planning process is clearly the next step.

## I. INTRODUCTION

Older adults are a diverse group of individuals ranging in age from 60 to over 100. Although it is not possible to easily categorize this population, one thing is sure – their numbers are increasing and they are living longer. The aging of the Baby Boom generation is one factor contributing to the increase in the population. The other is the fact that advancements in medical technology and improvements in overall standards of living have increased the life expectancy of the population as a whole. In the next 20 years, the number of older adults is expected to increase more than 100% in Austin and Travis County. The fastest growing segment of the population is individuals ages 75 and older.

**By the year 2020, it is estimated that one in five Travis County residents will be age 60 or older.**

Older adults exist on a continuum of ability and need. The majority of older adults is well and active and continues to be throughout their lives. They are employed, they volunteer, they travel, and they generally lead rich and active lives. Others will slow down and become frailer, and develop chronic conditions such as arthritis and hypertension. But, aging does not necessarily mean an individual will lose his/her mental faculties and become unable to care for him/herself. A number of factors play into the aging process – lifestyle, diet, level of activity and exercise, income level, connections with other people, and hereditary factors. Prevention efforts can ameliorate many of the unwanted and unnecessary side effects of aging.

The majority of older adults want to maintain their independence and live out their lives in their own homes. This poses a challenge for families and the community – how to support people in the communities where they live. Sixty percent of older adults will need some type of support as they age, ranging from transportation to acute medical care. The vast majority of support is provided by informal caregivers – family, friends, and neighbors. Other support comes from a complex system involving government, private businesses, non-profit and faith based organizations. Community based care costs six times less than nursing home care, making it a more cost efficient alternative for individuals and the community.

No consensus exists about the beginning of this life stage. For this report, an older adult is an individual age 60 or older. The purpose of this report is to provide information about older adults in Austin and Travis County and the issues that they face. It is not possible to address all of the issues in one report – they are simply too numerous. However, the information provided here can serve as the impetus for discussion about how to improve the conditions for older adults as well as initiate action in that direction. The guiding values of this report are:

- Older adults are valued members of our community,
- Older adults should be treated with respect,
- Older adults should be able to live out their lives with dignity, and
- Older adults have the right to self-determination.

This report is divided into five chapters: 1.) Why focus on older adults, 2.) Who are older adults, 3.) What are the current conditions for older adults, 4.) What system is in place to care for and support older adults, and 5.) What can the community do to care for and support older adults. The third chapter considers the specifics of housing, food and nutrition, physical and mental

well-being, transportation, legal protections, victimization and economic self-sufficiency and how these impact the older adults in our community. The fourth chapter looks at some of the issues involving Long Term Care and how older adults access care. The last chapter discusses next steps for the community to improve services for this population. As appropriate, each chapter includes a summary of the current efforts that are taking place in the community to address a particular issue. Additionally, the findings and recommendations tables offer a summary of the next steps to address problems identified in each area. Lastly, where possible, best practices in specific issue areas are provided to serve as a guide for strengthening the current system.

## II. WHY FOCUS ON OLDER ADULTS?

Advancements in health care and the aging of the Baby Boom generation

(individuals born after World War II) are impacting the makeup of the population. Our community is growing older. By the year 2020, it is estimated that almost one in five Travis County residents will be age 60 or older (Texas Health and Human Services Commission). The fastest growing segment of the older adult population is individuals age 75 or older. The ethnic and racial composition of this population is also shifting. Today, a majority of older adults in our community are white. In the years ahead, a majority of this group will be racial/ethnic minorities. Lastly, the vast majority of older adults want to live as independently as possible and live out their lives in their own homes.

These factors present two challenges for the community. The first challenge is to honor the wishes of older adults to remain independent for as long as possible. The second challenge is to ensure that the infrastructure and resources are in place to meet the needs of the population.

Although a wide range of resources exists in the community for older adults, there are three problems with the current infrastructure. One problem is that many older adults are not accessing available resources. Another problem is that the resources available in certain areas are not able to accommodate the growing demand for services. Finally, the majority of the resources are used to provide institutional care, not community based care.

The opportunity exists to improve how this community provides for older adults. With the growth in the older adult population it is more important than ever to help people age well by preventing and delaying disability. Implementing strategies that support prevention can save precious resources. Nursing home care costs six times as much as caring for someone in the community. Helping individuals stay independent also allows them the opportunity to remain active. Older adults make important contributions to this community as employees, employers, volunteers, activists and advocates. They are a rich resource that can be tapped to further strengthen our community.

The information in this report is intended to stimulate interest in the issue of older adults and spur action around this issue. By focusing on older adults, this report can help the community prepare for the challenges that lie ahead.

### III. WHO ARE OLDER ADULTS?

To begin the discussion about older adults it is helpful to know who they are.

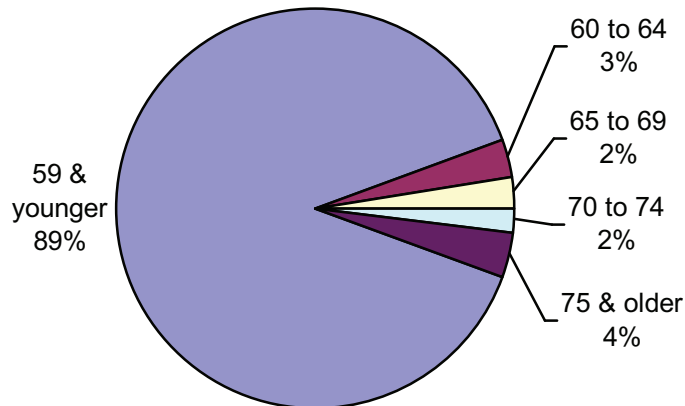
This chapter of the report provides demographic information on the population, providing both current statistics and population projections. Demographics help lay the foundation for understanding where the needs will be in the future.

#### CURRENT STATISTICS

##### AGE

Population projections indicate that, in the year 2000, nearly 74,000 (11%) of the approximately 654,000 individuals living in Travis County are 60 years of age or older. See Figure 1 for a breakdown of the population by age group (Texas A&M University State Data Center, October 1999).

**Figure 1.**  
**Estimated Travis County Population by Age - 2000**



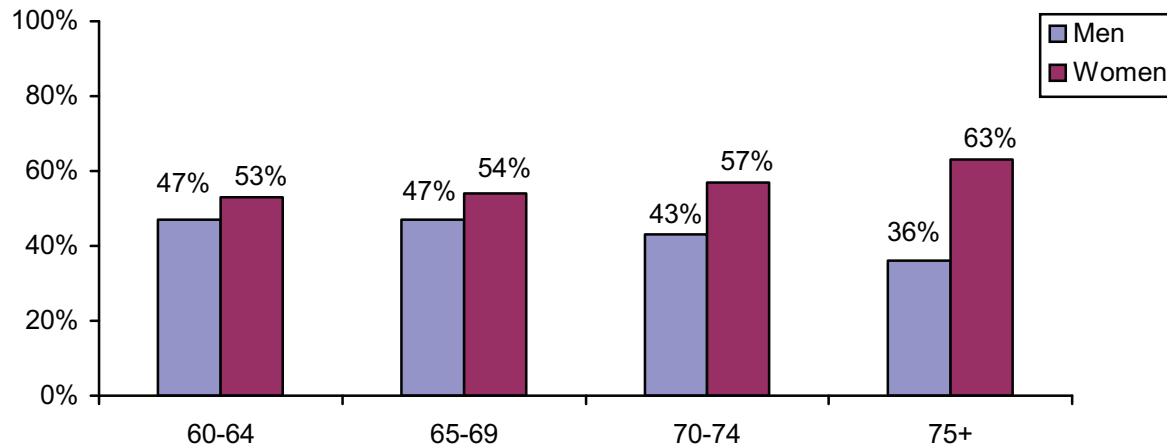
Source: Texas Health and Human Services Commission

##### GENDER

As Figure 2 shows, the older adult female population in Travis County outnumbers the older adult male population. In 2000, females comprised 57% of this population. This disparity increases with age.

The greatest disparity between the numbers of older adult males and females is in the Black population. In 2000, females comprise 60% of the Black population ages 60 and older. Among White and Hispanics, females make up 57% of the population and among Other, 54%.

**Figure 2.**  
**Travis County Population, Ages 60 and Older by Gender – 2000**

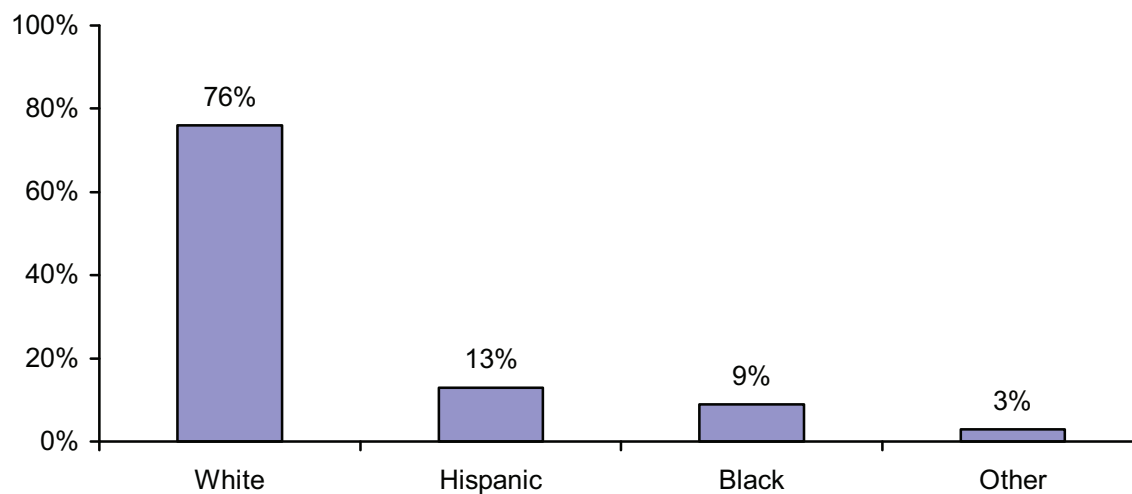


Source: Texas A&M University State Data Center, October 1999

### **RACE/ETHNICITY**

In 2000, approximately three out of four older adults in Travis County are White, while 13% are Hispanic, and 9% are Black. (See Figure 3.)

**Figure 3.**  
**Percentage of Travis County Population, Ages 60 and Older, by Race - 2000**



Source: Texas A&M University State Data Center, October 1999

### **GEOGRAPHIC DISTRIBUTION**

Older adults are more likely to reside in certain areas of Travis County than in others. Nearly 40% of older adults in Travis County live in the zip codes listed in Table 1.

**Table 1.**  
**Number of Elderly Residents in Travis County by Zip Code - 1999**

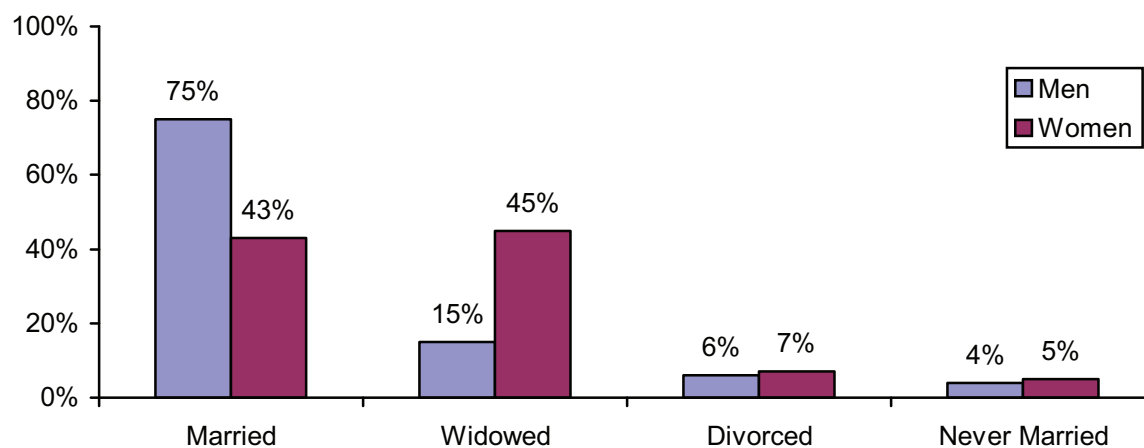
Zip Code	Number of Residents Ages 65 and Older	Percentage of All Older Adults in Travis County
78645 – North West (Jonestown)	3,684	6%
78669 – West (near Lakeway)	3,554	6%
78747 – South East Austin	3,271	6%
78734 – West (Buffalo Gap NE of Lakeway)	3,231	6%
78756 – North Central (Rosedale/ Allandale)	3,096	5%
78757 – North (St. John's)	3,027	5%
78702 – Central East Austin	2,690	5%

Source: SACHS Claritas

## MARITAL STATUS

National data shows that, in 1998, three out of four older men were married. In contrast, nearly one out of two older women were widowed. Marital status can affect the emotional and economic well being of older adults with illnesses or disabilities by influencing their living arrangements and the availability of caregivers.

**Figure 4.**  
**Marital Status of Americans, Ages 65 and Older - 1998**

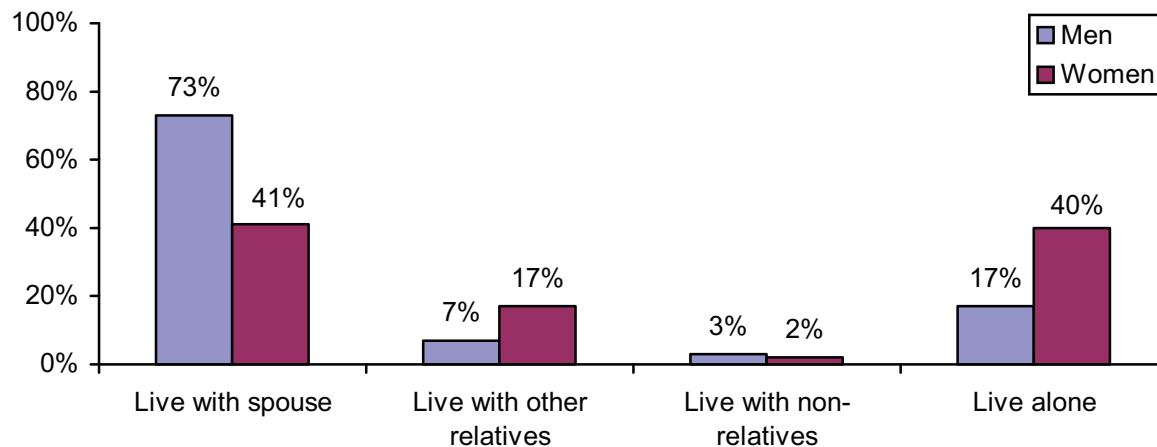


Source: AARP, 1999

## LIVING ARRANGEMENTS

Living arrangements of older adults are connected to income levels, health status, and the availability of caregivers. Older adults who live alone are more likely to have health and financial problems than are older adults who live with a relative (Federal Interagency Forum on Aging Related Statistics, 2000). In 1998, nearly three of four older males in the United States lived with a spouse, while 40% of older females lived alone.

**Figure 5.**  
**Living Arrangements of Americans, Ages 65 and Older - 1998**



Source: AARP, 1999

### **EDUCATIONAL ATTAINMENT**

Higher educational attainment is typically linked with higher standards of living and improved health status (Federal Interagency Forum on Aging Related Statistics, 2000).

Educational attainment levels of older Americans are increasing. The percentage of older adults who had completed high school increased from 28% in 1970 to 67% in 1998. However, the percentage completing high school varied by race/ethnicity. While the majority (69%) of Whites had completed high school in 1998, less than one-half of Blacks (43%) and Hispanics (30%) had achieved this level of education.

### **EMPLOYMENT**

Similar to educational attainment, employment status is also linked with standards of living. In 1998, older Americans comprised nearly 3% of the United States labor force, and 12% of older Americans were working or actively seeking work. Older men made up 16% of those working or seeking work, while older women made up 8% (AARP, 1999).

### **SOCIOECONOMIC STATUS**

From 1995 to 1997, Texas had the fifth highest poverty rate for older adults in the nation (AARP, 1999). In 1999, 10% of Travis County adults over the age of 64 were living below the federal poverty line (\$8,350 for single person household, \$11,250 for two person household).

Nationally, socioeconomic status of older Americans varies by gender, race/ethnicity, and living arrangements. In 1998, the median annual income for older men was \$18,000, while the median income for older women was just over \$10,000. Only 9% of elderly Whites were below poverty in 1998, while 26% of elderly African-Americans and 21% of elderly Hispanics were below the poverty level. Finally, 21% of older Americans who lived alone or with non-relatives were below poverty, while 6% of older Americans living with relatives were considered poor (AARP, 1999).

The major sources of income for older Americans in 1996 were Social Security (reported by 91% of older Americans), income from assets (63%), public and private pensions (43%), earnings (21%), and public assistance (6%).

## HOUSING

Of the households headed by older Americans in 1997, 79% owned their own homes, while 21% rented. More than three out of four older adult homeowners owned their homes free of mortgages. One of every two homes owned by older adults were built before 1960, and 6% had physical problems (AARP, 1999).

## HEALTHCARE

Older adults often have greater healthcare needs than do younger persons. In 1997, older Americans comprised 36% of all hospital stays and 49% of all days of care in hospitals. Similarly, while people under 65 averaged five (5) contacts with doctors in 1997, older Americans averaged twelve (12) contacts (AARP, 1997).

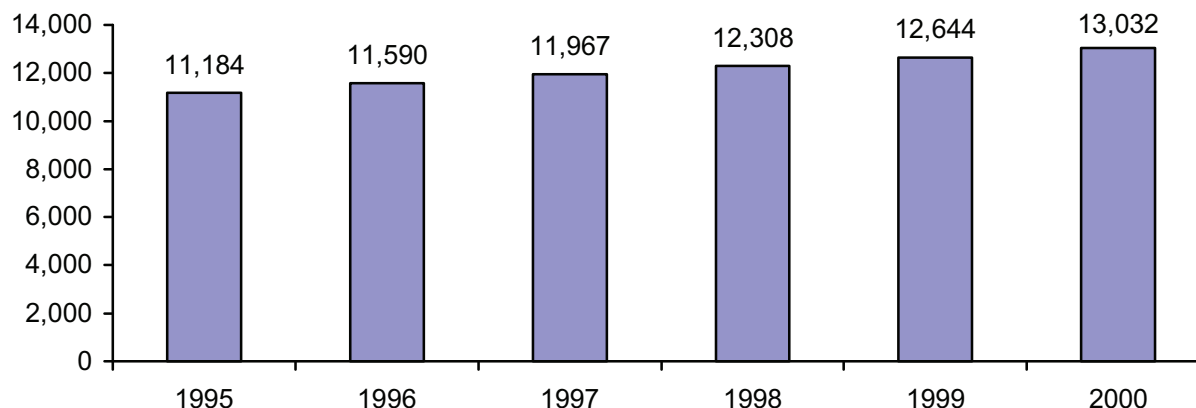
About 13% of Texans ages 60 and older are enrolled in the Medicaid program. Females and ethnic and racial minorities are over-represented among Medicaid enrollees. Seventy percent (70%) of elderly enrollees are women, and 55% are ethnic/racial minorities.

Medicaid spending on the Texas population, ages 65 and older, is concentrated in the 75 and older age group. This group accounts for 73% of expenditures. Females age 75 and older accounted for 59% of the 65+ Medicaid expenditures in Texas, while males in the same age group accounted for 16%.

## DISABILITIES

In 2000, over 13,000 older adults in Travis County had disabilities that interfered with Activities of daily living (ADLs), an increase of nearly 17% since 1995. (See Figure 6.)

**Figure 6.**  
**Estimated Travis County Population, Ages 65 and Older, with Disabilities Who Have Some Difficulty with Activities of Daily Living**



Source: Texas Health and Human Services Commission

## PROJECTED GROWTH

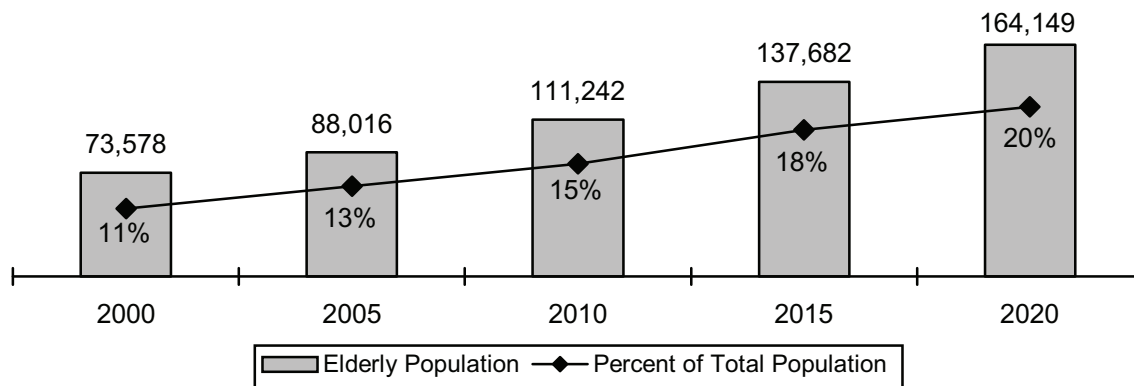
### EXPECTED CHANGES

Nationally, the elderly population is expected to grow significantly in the future. The biggest growth is expected between 2010 and 2030, when the "baby boomers" begin turning 65 (AARP, 1999).

"Over the next 20 years, the number of Texans older than 65 will increase 81 percent, thanks to the post World War II baby-boom generation, the largest in U.S. and Texas history."

Texas Comptroller of Public Accounts,  
December 1999

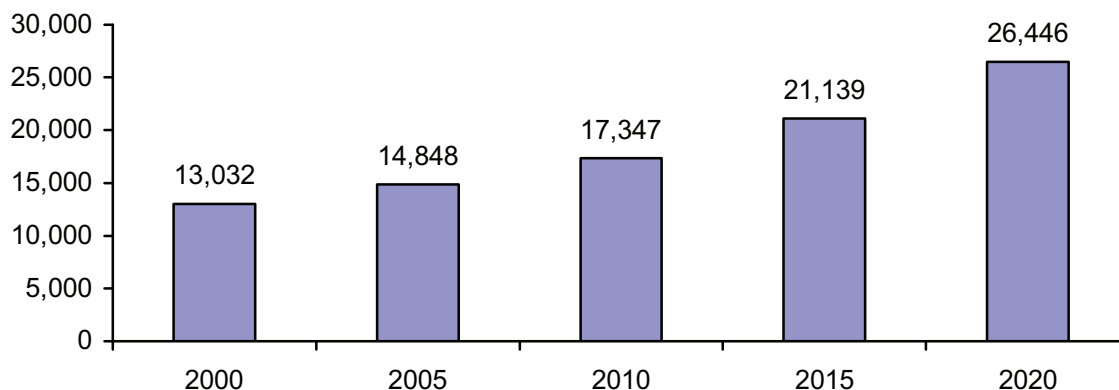
**Figure 7.**  
**Estimated Travis County Population, Ages 60 and Over – 2000 to 2020**



Source: Texas Health and Human Services Commission

Similarly, both the number and the percentage of older adults in Travis County are projected to increase. By 2020, the elderly population is expected to increase by 123%, and it is estimated that nearly one of every five Travis County residents will be age 60 or older.

**Figure 8.**  
**Estimated Travis County Population (Ages 65 and Older) with Disabilities Who Have Some Difficulty with Activities of Daily Living – 1990 to 2030**



Source: Texas Health and Human Services Commission

Along with an increase in the elderly population, it is estimated that the number of older adults with disabilities affecting their Activities of daily living (ADLs) will more than double in the next 20 years. (See Figure 8.)

The number of males surviving into old age in Texas is also projected to increase. In 2000, men ages 60 and older comprise only 42% of the Texas population. By 2030, however, males are projected to comprise 46% of the elderly population (Texas Department on Aging, March 2000).

Similarly, the racial and ethnic composition of the elderly population is expected to change. While Whites currently comprise 71% of the elderly population in Texas, ethnic and racial minorities are expected to constitute a majority (51%) of the elderly population in 2030.

**Table 2.**  
**Findings and Recommendations**

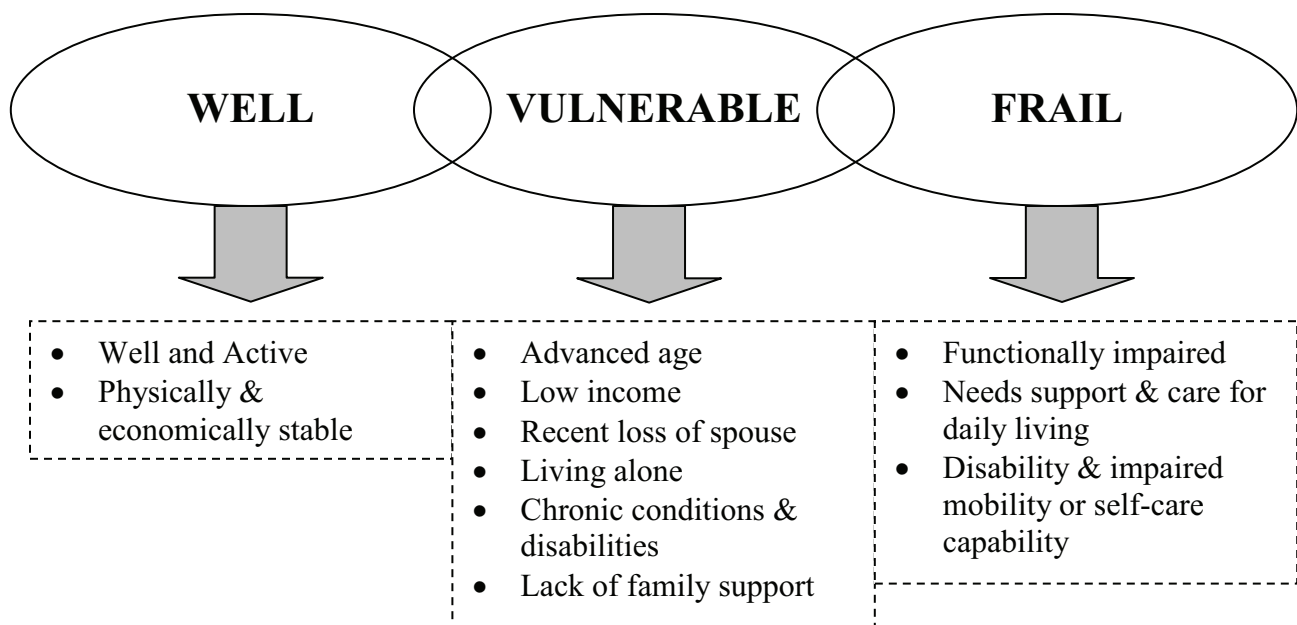
Findings	Recommendations
<ul style="list-style-type: none"> <li>▪ In the next 20 years, the older adult population is expected to increase approximately 123% in Travis County.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop a long-range comprehensive plan to address the needs of the growing population.</li> </ul>
<ul style="list-style-type: none"> <li>▪ The population is growing older and the fastest growing portion of the population are individuals over 75 years of age. The needs of this group are likely to be greater in number and more complex.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Service plans and strategies should be designed to accommodate the growth of this group and the resultant greater demand in services.</li> </ul>
<ul style="list-style-type: none"> <li>▪ In the next 30 years, racial/ethnic minorities will constitute a majority of the population. Traditionally, these groups have experienced poorer health and lower socioeconomic status.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Service plans and strategies should take into account the possible increase in need from populations who have less personal resources but greater levels of need.</li> </ul>
<ul style="list-style-type: none"> <li>▪ The number of older adults needing help with ADLs is expected to increase.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Service plans and strategies will need to accommodate a rise in the need for community based, in home services.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Older adults are concentrated in certain geographic areas of the community.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Service plans and strategies can be designed to provide services more efficiently by considering the geographic distribution of the population.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Older women are more likely to be widowed, live alone, and have lower incomes than are men.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Service plans and strategies should take into account the fact that women are likely to have different needs given their circumstances.</li> </ul>

### III. WHAT ARE THE CURRENT CONDITIONS FOR OLDER ADULTS?

In order to address the needs of older adults, it is necessary

to understand the challenges that they face as they age. This chapter of the report begins with a discussion of the aging continuum. The purpose of this information is twofold. First, it shows the wide range of conditions older adults may experience as they age. Second, it provides a backdrop against which to consider the information that follows – the current conditions of older adults in six key areas. The areas discussed are food and nutrition, housing, home repair and home modification, physical and mental well being, transportation, legal protections, victimization, and economic self-sufficiency.

**Figure 9.**  
**Continuum of Aging**



Source: Adapted from United Way of Allegheny County

The life stage of older adulthood is changing. Today, this stage spans as many as forty years. Individuals in this phase of life range in age from 60 to over 100. Older adults live along a continuum of ability, condition, and age. Where an individual is on the continuum depends on a variety of things. For example, diet, level of physical activity, level of community connection, and hereditary factors all play a role in how a person ages. The majority of older adults are well and active but there are those who are more frail and need assistance. Figure 9 shows the continuum of aging and the wide range of conditions an older adult can experience. However, not all older adults will experience each part of the continuum.

The level of need of an older adult depends upon where he/she is on the continuum. Well older adults will need few, if any, services and will likely be able to purchase what they need.

Vulnerable older adults are at risk of needing a range of services and access to public resources. This is a critical intervention point to support independent living – intervention here could delay or even prevent the progression to the next stage. Lastly, frail older adults need a wide range of support services and are at greatest risk for institutionalization.

The ability to live independently through older adulthood in great part depends upon whether or not an individual is able to meet his/her needs in the six areas discussed below. An individual is impacted differently by each of these issues depending upon where he/she is on the aging continuum and whether or not he/she is able to access the services he/she needs.

## **FOOD AND NUTRITION**

Not all older adults get the food and nutrition that they need. While it is obvious that hunger issues need to be addressed, proper nutrition is also important. Failure to meet food and nutrition needs contributes to poor outcomes for older adults.

**Based on national estimates, of the estimated 74,000 older adults in Travis County in 2000, between 18,500 to 62,900 could be malnourished.**

A number of aging-related conditions contribute to older adults not getting the food and nutrition they need:

- Decreased mobility makes traveling, shopping and preparing meals more difficult;
- Forgetfulness makes it more difficult to remember when and what to eat;
- Mouth problems, such as missing teeth or poor fitting dentures, make chewing and swallowing difficult;
- Depression can cause changes in appetite and digestion, making food less appealing (Wellman, Weddle, Kranz & Brain, 1996).

Nationally, it is estimated that 25 to 85 percent of older adults are malnourished. Older adults with incomes below 130% of the poverty line are at greatest risk for malnourishment (America's Second Harvest, 2000). This condition is associated with:

- significantly higher health care costs,
- more medical complications,
- longer hospital stays,
- more expensive and more frequent hospitalizations,
- longer recovery times, and
- earlier nursing home admission (Wellman et. al., 1996).

Like malnourishment, hunger is associated with poor outcomes. Individuals that struggle with hunger are at higher risk for stroke and poor brain function. Additionally, adequate food intake is necessary to ensure the effectiveness of prescription drugs – a critical issue for older adults, many of whom take numerous medications (America's, 2000).

It is estimated that only one-third of the elderly in need of food supports in the U.S. are reached by federal programs that provide these services (Ellman, et. al., 1996). A state by state review of Food Stamp programs found that less than 58% of individuals eligible to receive Food Stamps in

Texas participate in the program. In Travis County, approximately 1,867 individuals age 65 or older received food stamps in FY 99, only 6% of the total number of Food Stamp recipients. However, there were at least 5,223 older adults who were eligible to receive the benefit.<sup>1</sup> For households headed by an individual 60 or older, the average food stamp benefit in 1999 was \$61.16 (Texas Department of Human Services, September 2000).

**Only 35% of Travis County older adults who were eligible to receive food stamps accessed this benefit in FY 99.**

Non-participation in the Food Stamp program may be a result of how it is implemented. The Texas program has the following undesirable barriers:

- The program requires more than one office visit to complete the eligibility process;
- Applicants are not told upfront that they only need to provide their name, address and signature to begin the application process;
- Income information that is not required by federal law is required in Texas; and
- Texas is implementing electronic fingerprinting of applicants and investigates an estimated one-third of all applicants before they are certified to receive benefits (O'Brien et al 2000).

These characteristics may make the process overly burdensome and unappealing, particularly for older adult applicants. Additionally, information produced by the USDA suggests that pride and/or shame and inaccurate information may serve as barriers to older adults accessing available resources (USDA, 2000).

Research suggests that those who need food supports are going to other sources such as food pantries. Nationally, demand for food supports from hunger relief organizations has greatly increased. America's Harvest, the largest anti-hunger program in the nation, found that 16% of the clients accessing their food banks around the nation are older adults.

## **Current Efforts**

A number of programs in Austin provide food and nutrition support for older adults. This section only considers home-delivered and congregate meals. Many organizations, including faith-based groups, also maintain food pantries that are available to older adults. An accurate assessment of food banks and the numbers they serve is not available for this community.

Meals on Wheels and More (MOW) reaches the largest number of home bound individuals in the community, the majority of whom are older adults. In 1999, MOW provided meals to 2,675 people. On average, MOW delivers 1,600 meals each weekday.

The Area Agency on Aging also provides home-delivered meals. In 1999, they reached 318 Travis County residents, providing over 50,000 meals.

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<sup>1</sup> This figure represents the number of individuals living at or below 100% of poverty. Individuals living at or below 130% of poverty are eligible to receive food stamps, however it was not possible to determine the number of older adults living between 100% and 130% of poverty. Therefore, these numbers are an underestimation of the number of individuals eligible to receive Food Stamps.

The City of Austin Parks and Recreation Department operates a congregate meal program at various senior centers and County community centers. This program reached 153,000 people in FY 1999-2000. (For more information on Current Efforts, see Appendix A).

**Table 3.**  
**Findings and Recommendations**

Findings	Recommendations
<ul style="list-style-type: none"> <li>It is estimated that up to 85% of older adults are malnourished.</li> <li>Only 35% of eligible older adults receive food stamps. Older adults may have misperceptions about the Food Stamp program.</li> </ul>	<ul style="list-style-type: none"> <li>Increase the availability of food and nutrition educational materials designed for older adults and their families.</li> <li>Develop a strategy for connecting older adults with the food and nutrition services that can benefit them. Increase awareness of the benefits of Food Stamps and dispel misperceptions. Ensure that public and private service providers and case managers are familiar with services in the community and are making information available and helping clients get connected with services for which they are eligible.</li> <li>Distribute informational materials through social service providers, faith-based organizations, and City and County facilities. Consider non-traditional sources for partnerships such as utility companies, AARP or Social Security for distributing information. Donated radio and TV public service announcements may also be effective.</li> </ul>
<ul style="list-style-type: none"> <li>The process for applying for Food Stamps is burdensome and unappealing to older adults.</li> </ul>	<ul style="list-style-type: none"> <li>Work with state Food Stamp programs to streamline the eligibility process.</li> </ul>
<ul style="list-style-type: none"> <li>Information is lacking on the number of food banks operating in Austin/Travis County and the number of people they serve. This makes it difficult to gain a true understanding of the level of need in the community.</li> </ul>	<ul style="list-style-type: none"> <li>Consider conducting an assessment of the level of food and nutrition needs in the community.</li> </ul>

## **HOUSING, HOME REPAIR AND HOME MODIFICATION**

The topic of housing for older adults is critical because it is intricately linked with quality of life, self-determination, and independence. The majority of older adults want to stay in their own homes – they do not want to move to nursing homes, assisted living centers or retirement

communities. A recent national survey by AARP found that, of respondents ages 55 and older, 89% want to stay in their current homes for as long as possible (Bayer, 2000). Similarly, the vast majority of respondents to a local survey indicated that their ideal living situation is to live in their own home.<sup>2</sup> According to service providers in Austin/Travis County<sup>3</sup>, the top two pressing needs for older adults are affordable, accessible housing and affordable supportive housing. Following closely behind is affordable assisted living. For both urban and rural older adults, the inability to maintain safe, affordable housing or to access needed services near home can be a factor in nursing home placement earlier than necessary. (Latimer & Nolan, 2000). The ability to honor the desire of older adults to age in place is challenging given that the older a person becomes, the less likely he/she is able to maintain his/her property or care for his/her own personal needs.

### ***Private Housing***

The majority of older adults own their own homes. According to the 1995 American Housing Survey, 78% of older adults owned their own homes, while 22% rented. The differences between older adults who own versus those that rent are significant. (See Table 4.)

**Table 4.**  
**Older Adult Owners Versus Renters in the U.S. – 1995**

Characteristic	Typical Owner	Typical Renter
Race/Ethnicity	Caucasian	African American or Hispanic
Age	65 or older	75 or older
Marital Status	Married or living with someone (36%)	Single (71%)
Percent Living in Home for 20 Years or More	59%	18%
Median Monthly Housing Cost	\$282	\$412
Percent with Annual Income Less than \$10,000	20%	49%
Percent of Income Spent on Housing	Less than 30%	30% or more

Source: Citro, 1998

It is evident from this comparison that older renters are at greatest risk for poor outcomes and most likely to have support needs – the combination of low income, living alone, and older age makes them more susceptible to a range of problems.

In Austin/Travis County, the rise in the cost of housing poses a particular problem for older residents. In the last twenty years, the average price of homes in Austin has more than tripled and, since 1992, prices have increased 57%. This increase is positive for older homeowners who

<sup>2</sup> A senior needs survey was conducted locally as part of this assessment. For a copy of the survey, please see Appendix F.

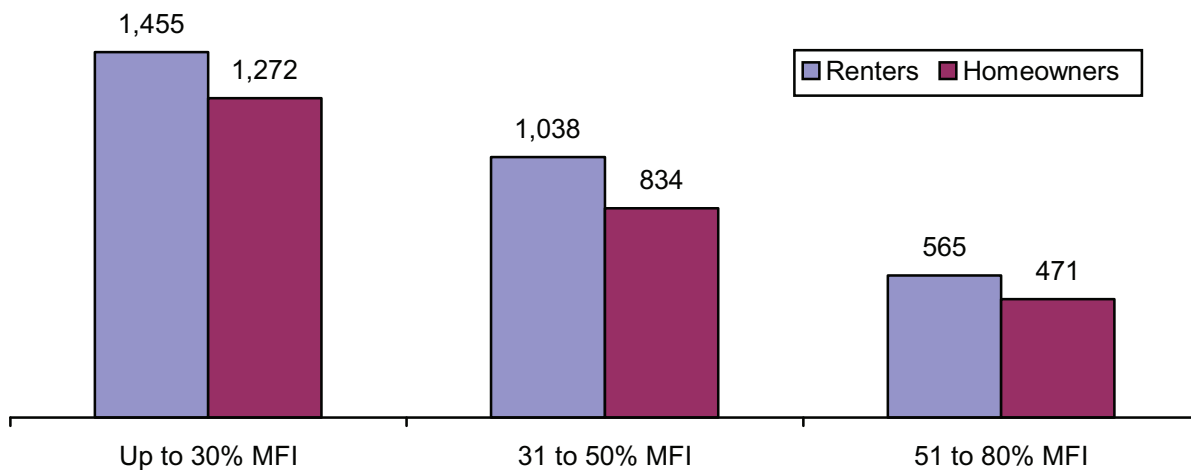
<sup>3</sup> A focus group for senior care providers was conducted in June 2000 in Austin (see Appendix C).

want to sell because it increases the return on their investment. However, it also means that property taxes increase, causing a financial burden for older adults.

For renters, the news is not any better. During the last ten years, rents have risen an average of 7% per year, by approximately \$.25 per square foot. Today the average rent is \$459 for an efficiency and \$1,200 for a three-bedroom apartment (City of Austin, 2000). Similarly, in the last 25 years, the cost of low-income housing has risen by 25% in the Austin area (Mazur, Henneberger, Paup, & Vilenkin, 1999).

According to a report by the Texas Low Income Housing Information Service, there are approximately 5,630 elderly homeowners and renters in Austin and Travis County who have an unmet housing need.<sup>4</sup> These older adults have incomes at or below 80% of the median family income (MFI) for Austin.<sup>5</sup>

**Figure 10.**  
**Elderly Residents With Unmet Housing Needs by Income In Austin/Travis County - 1994**



Source: Mazur et. al., 1999

### ***Public Housing<sup>6</sup>***

The two primary local public housing providers are the Housing Authority of the City of Austin (HACA) and the Travis County Housing Authority (TCHA), both of which own and operate public housing units and manage voucher programs funded by the United States Department of Housing and Urban Development (HUD). Older adults are eligible for a number of the public housing programs administered by HACA and TCHA but these programs are at capacity.

<sup>4</sup> A housing need is defined as a need for more income in order to afford housing or lower rent; the need for more space to alleviate overcrowding; or the need for housing repair to address substandard conditions such as faulty wiring, leaky roofs or other problems (Mazur, et. al., 1999).

<sup>5</sup> Median Family Income for Austin varies depending upon the number of persons in a given household. Currently, 30% of MFI for two people is \$14,150, 50% MFI is \$23,500 and 80% MFI is \$37,700 (City of Austin, 2000).

<sup>6</sup> More detailed information on this topic can be found in *Austin's commitment to house the poor* and the Community Action Network *Housing Assessment*.

Approximately 27% of HACA residents and 33% of TCHA residents are individuals aged 62 and older (Mazur et. al., 1999). Of the 1,928 public housing units operated by HACA, 428 units (22%) are designated for the elderly and disabled. Of all HACA units, approximately 500 are occupied by the elderly. Both agencies have long waiting lists – 6 to 8 months at HACA and 22 months at TCHA. As of February 2000, elderly residents comprised 15.4% of individuals on the HACA waiting list and 5.5% of those on the TCHA list (City of Austin, 2000; Personal Communication with HACA, September 2000).

Waiting Lists for Public Housing:	
HACA	6 to 8 months
TCHA	1 year 8 months
Section 202	8 to 18 months
Section 8	12 to 18 months

Only one federal housing program specifically targets seniors – Section 202. These units are available to low-income families with at least one member who is age 62 or older. Eighty-seven percent (87%) of the occupants are over 62 and the average resident income is \$8,600. In Austin, there are 203 rental units and an 8 to 18 month wait to access Section 202 housing (Mazur et. al., 1999).

Section 8 vouchers are another housing resource. HACA administers some 2,584 vouchers, of which 388 (15%) are used by those 62 and older. Section 8 has a waiting

list of some 2000 people and the wait is 12 to 18 months (Personal Communication with HACA, September 2000).

New senior housing will be constructed in 2001. The City of Austin announced in October 2000 that they received a \$3.8 million grant from HUD, which will be used to build a 55-unit apartment building for residents ages 62 and older. Priority will be given to individuals with incomes of \$10,000 or less (one-half the median income in Austin) (Householter, 2000).

### ***Home Modification and Repair***

For older adults, home repair and home modification are also critical issues. A Senior Needs Survey was conducted in July, 2000 with a group of Austin/Travis County senior residents. In response to the question, "What kinds of services do you need that you are not getting now?", survey respondents indicated that home repair was what they needed most. The types of repairs or improvements needed include foundation repair, septic tank installation, in-door plumbing installation, gas line repair, and weatherization.

Home modifications and repairs are essential for increasing the safety of homes and enabling individuals to remain independent for as long as possible. Small changes such as installing grab bars in showers can provide support while preventing accidents. Accessibility can be improved by replacing stairs that can be difficult to climb with a simple wooden ramp.

**Studies show that up to 50% of accidents at home could be prevented with modification and repairs.**

**Access America, 2000**

Home modification is also important for caregivers. This can decrease stress for caregivers and improve their ability to care for older adults. A study of caregivers of persons with Alzheimer's

and dementia found that for 85% of respondents home modifications were beneficial in some way to caregivers. They most frequently adjusted bathrooms and kitchens to improve safety as well as making changes to keep individuals from wandering away from home (Calkins & Namazi, 1988).

In the AARP survey, *Fixing to Stay*, respondents were asked why they had not made modifications to their homes. The two reasons most often cited were not being able to make modification themselves (37%) and not being able to afford to pay for the modification (36%). Additionally, 23% of respondents did not have anyone to make the modification for them, and 22% did not know how to find someone to hire (AARP, 2000).

According to the City of Austin Neighborhood Housing and Community Development Office (NHCD) one in eight households headed by a person 85 or older needs functional modifications to their home.

### **Current Efforts**

The majority of public housing for older adults is available through HACA and TCHA as mentioned earlier. Family Eldercare provides temporary housing for low-income elderly who are experiencing a housing crisis.

There are seven programs providing home repair and modification services – five of that are non-profits providing services beyond what the City and County are providing. The NHCD contracts with the United Cerebral Palsy Association of the Capital Area to operate the architectural barrier removal program. The current waiting list for services is approximately one year and, as of December 1999, there were 748 individuals on the waiting list. Travis County operates a housing and weatherization program for low-income clients. This program provides services for both City and County clients and serves approximately 600 clients (elderly and non-elderly) per year (Personal Communication with Travis County Health and Human Services and Veteran's Services, September 2000).

Local home repair and modification programs provide everything from changing light bulbs to installing ramps to improve accessibility. An exact estimate of the number of older adults served through these programs is not available. Based on the information available, between 750 and 1,000 older adults are served a year. (For more information on Current Efforts, see Appendix A.)

**Table 5.**  
**Findings and Recommendations**

Findings	Recommendations
<ul style="list-style-type: none"><li>Cost of housing is too high for many residents.</li></ul>	<ul style="list-style-type: none"><li>The community as a whole needs to support innovative housing programs that provide alternatives for older adults. Efforts should continue to secure additional federal funds such as the most recent HUD grant.</li></ul>

<ul style="list-style-type: none"> <li>▪ Long waiting lists for home repair and modification keep residents from getting the help they need. These services are a cost efficient investment preventing injuries and institutionalization, both of which are more expensive.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Additional resources for home repair and modification need to be allocated by City and County. Priority should be given to older adults who are at greatest risk of injury or out of home placement.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Lack of coordination of services and community planning that supports older adults. Although a number of programs exist that provide home repair and modification, little coordination occurs among providers.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Consideration should be given to developing a coordinated and centralized repair and modification program. See Umbrella Home Services under best practices.</li> </ul>

## **Best Practices**

### ***Single Room Occupancy (SRO)***

This is a housing option that comes in a variety of forms. Typically, each resident has a private bedroom/living area and shares communal kitchen and bath facilities with other residents. Another type might include an efficiency style kitchen and bath facility for each unit. There are traditionally three types of structures that have been used for SROs – rehabilitated hotels or motels; adapted reuse buildings such as schools or commercial buildings; and buildings designed and constructed as SRO housing. SRO style housing is another viable way to provide more affordable housing options that would easily support the use of assisted living services (Regnier & Culver, 1994).

### ***Accessory Apartments***

Accessory apartments are a way to use extra space in single family dwellings. They are complete apartments that are constructed out of the extra space left by children who have grown up and left home. These apartments can be rented out to generate extra income. Additional benefits for older adults include the added security of having another adult in the house in case of emergency, increased companionship, and opportunities to trade rent for chores such as home repairs or shopping.

### ***Home sharing***

Home sharing is when an older adult leases space to an unrelated tenant. Facilities such as kitchen and laundry are shared. These tenants can offer extra income, companionship, and increased security as well as assist with household chores. The National Shared Housing Resource Center in Vermont offers information and technical assistance in the area of inter-generational home sharing.

### ***Robert Shaw Echo Village (Austin)***

Owned and managed by the Blackland Neighborhood Development Corporation, this senior housing community consists of six cottages built around a central outdoor communal area. This project enables seniors to remain connected to their communities and each other at a price they can afford - \$125/month (Mazur et. al., 1999).

### ***Prairie Creek Village Apartments (Dallas)***

Prairie Creek is a 120-unit apartment complex for low-income elderly that has a service coordinator who connects residents with needed services and provides timely information on issues impacting seniors. Services include Meals on Wheels, grocery delivery from an emergency aide program, health education and free blood pressure checks (Latimer, 2000).

### ***Assisted Living***

Assisted living can be defined and implemented in a number of ways. It is an increasingly popular alternative to nursing home placement for older adults. Assisted living can be a place where an individual lives, or it can be a program to help someone stay in his/her own home. Assisted living facilities are places where older adults can live independently while receiving support such as meals, health care services, and help with ADLs as necessary. Alternatively the same supports can be provided to an individual in his/her home removing the need for placement in a facility. In recent years, Texas has seen a rapid rise in the number of privately funded assisted living facilities. While these provide an important alternative to individuals who are financially comfortable, they are not an option for low income older adults (Latimer). Nationally, the median cost to live in an assisted living facility is more than \$2,500 a month (*Providing an Affordable Continuum*, 2000).

### ***Umbrella Home Services, Ltd. (New York, Florida, Montana)***

This non-profit organization provides home maintenance assistance to seniors. Seniors pay an annual \$200 membership fee for a one-story home. Each member receives a 17-point home inspection report every year that helps homeowners prioritize repairs and budget for future needs. Some services included are low cost handyman services, 24-hour emergency response, routine maintenance, home repair and modification, lawn maintenance, and window washing. A study in 1988 showed Umbrella members (homeowners) saved over \$1,000 per year in maintenance costs.

## **PHYSICAL AND MENTAL WELL-BEING**

### **HEALTH STATUS AND CARE**

Advances in health care have led to significant increases in the expected life span of adults, making the post-retirement years one of the most important phases in human development. In 1900, the average life expectancy was 49 years of age, today it is 76 (Federal Interagency Forum on Aging Related Statistics, 2000). While this increased life span brings great opportunity, it also brings challenges for older adults. For many, the later years are full and active, while for

others this time is marked by the struggle to maintain good health, quality of life, and independence.

### ***Mobility and Disability***

As people live longer, issues of quality of life take on greater importance. Many older Americans suffer chronic health problems that limit their ability to enjoy their later years. These conditions often lead to serious physical limitations that have a major impact on an individual's ability to live independently.

**The most common chronic health problem among older adults is arthritis – affecting 50% of older adults in Travis County.**

The most common chronic health problem among older adults is arthritis. Nationally, among persons aged 70 or older, 50% of men and 64% of women reported having arthritis (Federal Interagency Forum on Aging Related Statistics, 2000). In Texas, the percentage is virtually the same – 51.3% of persons 65 and older report that they have some form of chronic joint symptoms (Texas Department of Health, 1999). A local survey of older adults in the Travis County region found that 50.8% reported having been told by a health professional that they have arthritis or rheumatism. Among persons age 75 and older, the percentage was 55.9%

(Seton Health Care, 1998, *Survey*). Arthritis can be a crippling and painful disease that makes it difficult for older adults to perform even the most basic ADLs.

**Falls are the single largest cause of restricted activity days among older adults.**

Another factor limiting the mobility of older adults is injury resulting from falls. Falls are one of the most common reasons elders are placed in nursing homes. In the United States, one out of every three people age 65 and older falls each year. Of those who fall, 20-30%

suffer moderate to severe injuries that reduce their mobility and independence. Hospitalization rates resulting from falls are especially high for older women and rising (Centers for Disease Control and Prevention, cited 2000; Pfizer, Inc., 2000).

Despite these problems, national studies indicate that the percentage of older persons with a chronic disability decreased slightly (from 24% to 21%) between 1982-1994. The majority of these individuals reported difficulty performing one or two ADLs, such as eating, getting in and out of bed, performing housework and laundry and getting around outside. Areas where elders reported improved functioning included the ability to walk a quarter of a mile, climb stairs, reach over one's head, and stoop, crouch or kneel. Although the percentage of older adults with chronic disabilities decreased, the overall number with this problem increased. This can be explained by the fact that growth in the older adult population as a whole outpaced the decline in disability among them (Federal Interagency Forum on Aging Related Statistics, 2000; Desai, Zhang & Hennessy, 1999).

In Travis County, the number of older adults with limited ability to perform ADLs is expected to increase as well. Projections by the Texas Health and Human Services Department indicate that the number of persons over age 64 with these limitations will increase from 13,032 in 2000 to

17,347 in 2010 (Texas Health and Human Services Commission, 1999, *Selected*). This increase is likely to result in a significant increase in demand for additional social and medical services among the population.

### ***Prevention Measures to Protect and Enhance Mobility***

Many of the mobility limitations caused by arthritis and falls can be prevented by regular physical activity. Exercise has been shown to relieve and improve mobility and functioning among even frail and very old adults (Federal Interagency Forum on Aging Related Statistics, 2000). Without regular physical activity, older adults place themselves at risk of further deterioration caused by bone loss, muscle weakness and osteoporosis. These problems in turn are risk factors for falls and fractures resulting from falls. (Desai, et.al., 1999).

**Exercise has been shown to relieve and improve mobility and functioning among even frail and very old adults.**

According to national data, only one third of older Americans take part in leisure-time physical activity during an average two week period (Federal Interagency Forum on Aging Related Statistics, 2000). The remainder lives a sedentary lifestyle. In Texas, 35.1% of persons between the age of 55 and 74 are physically inactive. Among persons age 75 and over, 44.4% are inactive (Desai, et. al, 1999). Women are slightly less likely than men to engage in physical activity (Federal Interagency Forum on Aging Related Statistics, 2000). Travis County rates are better, with 50.6% of elders reporting regular exercise. Exercise rates are even higher – 57.6% - among persons 75 and older (Seton Health Care, 1998, *Survey*). Elders that do exercise regularly usually engage in moderate activities such as walking, gardening and stretching.

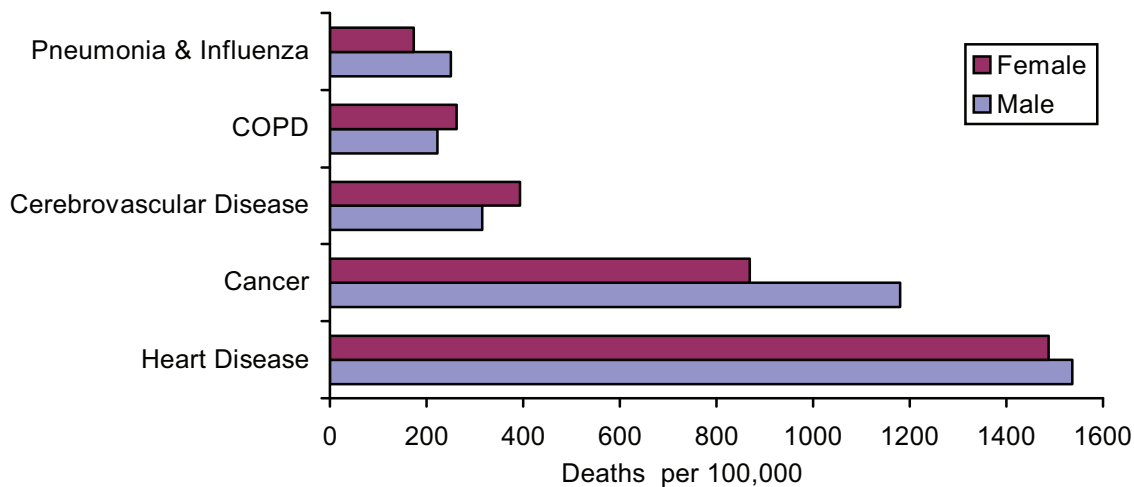
Physical pain, mobility limitations and hospitalizations due to hip fractures and other falls can also be prevented through exercise, proper diet and modifications to the home. Prevention should focus on a combination of behavioral and environmental changes, including exercise, education, medication review, risk factor reduction and home modifications. These strategies have reduced hospitalizations due to falls by 30-50%. Even minor home modifications, such as using non-skid rugs and keeping things within reach, have been shown to reduce health care costs due to falls.

### ***Health Care Needs of Older Adults***

Life expectancy is an indicator of the overall health of a population. Life expectancy measures the average number of years a person at a given age would be expected to live, assuming a consistent death rate (Federal Interagency Forum on Aging Related Statistics, 2000). In Texas, the current life expectancy of men and women is 73.5 and 79.5 respectively. As on the national level, life expectancy rates in Texas are lowest among Blacks as compared to White and Hispanic residents (Texas Department of Health, cited 2000).

**Figure 11.**

**Five Leading Causes of Death in Travis County for Persons 65+ by Gender - 1998  
(Rate per 100,000)**

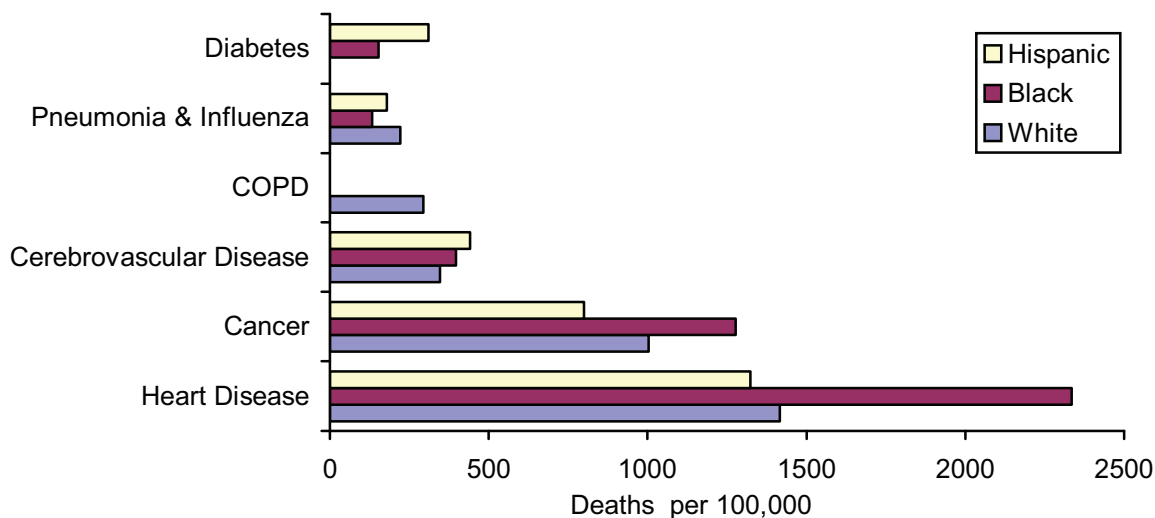


Source: Texas Department of Health, Epigram 1998

Increases in life expectancy are largely the result of improvements in health care and the prevention and treatment of chronic diseases. Despite these improvements, however, chronic diseases remain the leading cause of death among older adults. Both nationally and locally, the leading causes of death for older residents are heart disease, cancer and stroke. The five leading causes of death in Travis County are heart disease, cancer, cerebrovascular disease, chronic obstructive pulmonary disease (COPD), and pneumonia and influenza. Of these causes, women have higher rates of stroke (cerebrovascular disease) and chronic obstructive pulmonary disease (COPD) than men. (See Figure 11.)

**Figure 12.**

**Five Leading Causes of Death in Travis County for Persons 65+ by Race/Ethnicity - 1998  
(Rate per 100,000)**



Source: Texas Department of Health, Epigram 1998

As with life expectancy, mortality rates vary by race and ethnicity. The following chart shows 1998 death rates by race and ethnicity in Travis County. While heart disease is the most common cause of death for all older residents, death rates from this disease are more than one and a half times higher among Blacks than Whites and Hispanics. Other significant differences are deaths due to diabetes and COPD. While diabetes is not a leading cause of death among White Travis County older adults, it is the fourth leading cause of death among Hispanics. Similarly, COPD is not a leading cause of death among Blacks or Hispanics, but is the third leading cause for White older adults.

Causes of death also vary somewhat by age. In Travis County, cancer and heart disease are the primary causes of death for all persons over age 55; however, death from cerebrovascular disease and pneumonia and influenza are not among the five leading causes of death until age 65. Falls and accidents are the fifth leading cause of death among persons aged 55-64, but are not in the top five causes for persons 65 and older. (See Table 6.)

**Table 6.**  
**Five Leading Causes of Death by Age in Travis County (Rate per 100,000) - 1998**

Cause	Ages 55-65	Ages 65-74	Ages 75+
Heart Disease	232.0	557.8	<b>2,755.0</b>
Cancer	<b>315.5</b>	<b>726.8</b>	1,353.0
Cerebrovascular Disease	13.9	114.9	683.3
COPD	34.8	128.5	399.3
Pneumonia & Influenza	9.3	71.0	381.6
Diabetes	41.8	98.0	168.6
Accidents	32.5	57.5	106.5

Source: Texas Department of Health Bureau of Vital Statistics

### ***Chronic Health Problems***

In a survey of ten counties in the Central Texas region, 58.1% of adults age 65 and older reported that chronic disease was one of their top three health problems (Seton Health Care, 1998, *Behavioral*). The three most common chronic diseases among older adults are arthritis, hypertension and heart disease. As discussed, arthritis is the number one chronic health problem for this population. The second is hypertension, with 45% of Americans reporting that they suffered from this disease in 1995. In Travis County, 45.7% of those 65 and older reported suffering from hypertension. However, the rate for Blacks was significantly higher at 76.2%. Finally, 21% of Americans report having heart disease. The reported rate in Travis County is much lower at 14.2%.

## ***Perception of Health Status***

An individual's perception of his/her health status provides insight into his/her emotional and physical well being. The fact that an individual believes him or herself to be in good health is an indication that he/she is paying attention to his/her health and has a positive outlook on life, contributing to the overall well being of individuals and older adults in particular. An individual's perception of his or her health is also a good indicator of his/her quality of life (Seton Health Care, 1998, *Survey*).

Low income and lower educational and employment levels are associated with perceptions of poor health status. Not surprisingly, these socioeconomic characteristics are also associated with higher rates of disease and disability. What is surprising is that low-income adults over age 65 generally rate their health as better than low-income men and women aged 55-64. These results may reflect the wider availability of affordable health care to older persons due to Medicare and other retirement benefits (Desai, et. al, 1999).

The Seton Health Care survey found that 53% of area residents reported their health status as good or excellent. Additionally, in this survey respondents were asked to rate their overall feelings about their lives using a scale of one to ten. Older adults reported high (positive) mean scores for the following descriptors:

- satisfied overall with life (8.42),
- felt that their life has value and worth (8.42), and
- felt good about the future (8.77).

Rates regarding individuals' feelings about their value and worth were slightly higher among African Americans (9.46) and college graduates (9.08) than others.

## ***Prevention of Health Problems***

As with younger adults, the keys to a healthy life for older adults are social activity, exercise and diet. Social activity is important to maintaining both emotional and physical health. In addition to providing a network of support for older persons, social activities help elders stay mentally active and positive about their lives.

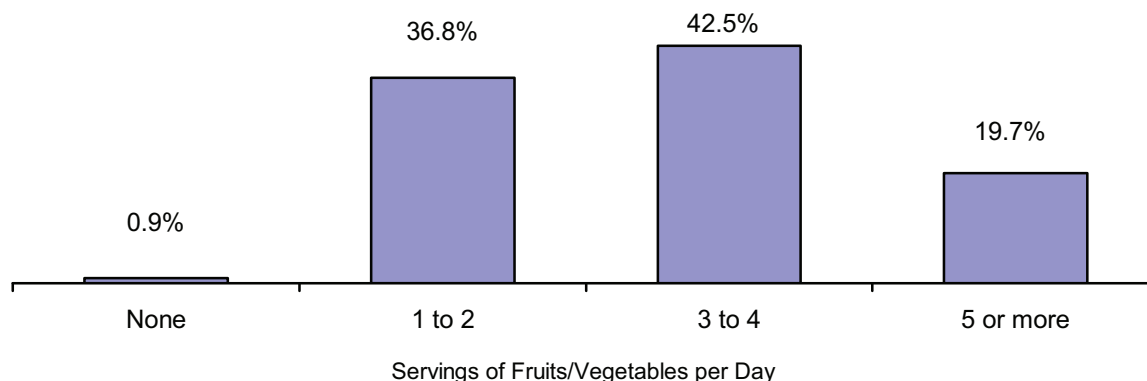
According to national data, the majority of persons age 70 and older engage in some form of social activity on a regular basis. Most of this activity is with family, followed by visits with friends and neighbors. As might be expected, the level of social activities among older persons declines with age (Federal Interagency Forum on Aging Related Statistics, 2000). This may be a result of declining health and mobility and the loss of older friends over time.

Regular physical activity also reduces the risk of many chronic diseases, especially heart disease. Moderate physical activity helps to lower high blood pressure, control cholesterol levels and reduces the incidence of diabetes among older adults.

Along with physical activity, diet plays a major role in determining one's risk for heart disease, cancer, hypertension and other chronic diseases. A national study found that older adults over 65 generally had better diets than persons aged 45-64. Older adults were especially good at maintaining low cholesterol diets. However, the percentage of older adults with "good" diets

was still relatively small, comprising slightly over one-fifth of the total population of persons over 65. The diets of elderly persons were especially poor with regard to intake of daily servings of fruit and milk products (Federal Interagency Forum on Aging Related Statistics, 2000). In Texas, less than one-third of adults aged 55-65 eat the recommended amount of fruits and vegetables daily. Rates for Central Texans are shown in Figure 13.

**Figure 13.**  
**Percentage of Elderly Eating Daily Recommended Amount of Fruits and Vegetables in Central Texas (10 County Region), 1998**



Source: Seton Health Care Behavioral Risk Factor Surveillance Survey, 1998

Regular medical screenings are another preventive measure that protects older adults. In the Central Texas area, 98.7% of seniors report having had their blood cholesterol checked by a health professional in the last year while 96.5% had their blood pressure checked (Seton Health Care, 1998, *Behavioral*). Rates for cancer screenings, however, are not as high, but are increasing nationally. Among women over fifty, mammography screenings once every two years can significantly reduce the risk of death from cancer (Pfizer, Inc., 2000). National studies show that the percentage of women age 65 or older who have had a recent mammogram is increasing, rising from 23% to 55% between 1987 and 1994 (Federal Interagency Forum on Aging Related Statistics, 2000). In the Central Texas region, 65.2% of elderly women report having had a mammogram in the last year, while nearly half (43.4%) examine their breasts monthly for lumps. Older men are also taking advantage of cancer screenings, with 72.5% reporting to have had a prostate screening test in the last year (Seton Health Care, 1998, *Behavioral*).

Influenza and pneumococcal infections are primary causes of hospitalization among elderly. Studies show that vaccinations for pneumonia and influenza can reduce complications and hospitalizations by one-half. Yet, in 1997, only 65% of elder adults received an influenza vaccination in the past 12 months, while only 45% had ever received pneumococcal vaccination (Desai, et. al, 1999). Among elderly in the Central Texas region, 60.5% reported receiving a flu shot in 1998. Over half (56.6%) also reported that their spouse had received a flu shot that year (Seton Health Care, 1998, *Behavioral*).

## ***Barriers to Health Care***

### *Health Care Costs*

Health care costs present a major financial burden for older adults and their families. These costs generally increase as people grow older and experience a decline in health and mobility. For individuals with limited income or chronic health problems, these costs can be a significant factor in their ability to live at home or independently.

In 1996, the average annual health care expenditure among persons aged 65-69 (including expenditures covered by health insurance) was \$5,964. Among persons aged 75-79, annual expenditures averaged \$9,414, while among persons 85 and older it was \$16,465. As might be expected, costs were significantly higher for individuals living in nursing homes (\$38,906 on average) than for those living in the community (\$6,360). The relative cost burden of health care is also greater for lower and middle income elderly (Federal Interagency Forum on Aging Related Statistics, 2000).

Most older adults are covered by Medicare, which provides a variety of medical services at relatively low cost. Unfortunately, Medicare does not cover all the health care needs of seniors, making out-of-pocket expenses and prescriptions a heavy cost burden for seniors who cannot afford supplemental insurance. Elders in Texas have slightly lower out of pocket health care expenditures than older adults nationwide. On average, Texas elders pay \$1,722 in out of pocket health care expenditures per year as compared to the national average of \$2,022 (McClosky, 2000).

### *Access to Health Care and Use of Health Care Services*

In addition to cost, the availability and convenience of medical services often limit seniors' access to health care. Factors that impact convenience include hours of operation, waiting times and accessibility by public transportation.

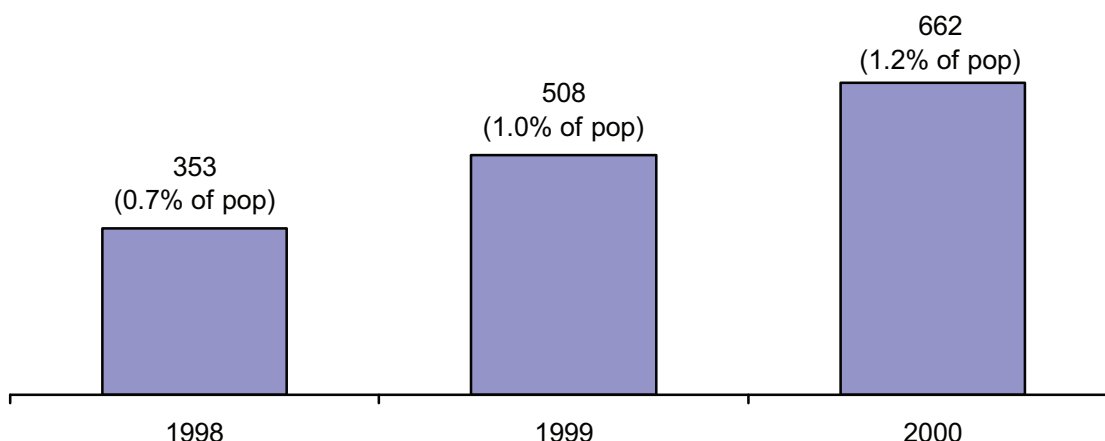
In the Seton survey of older adults in the Travis County region, elders reported an average score of 9.11 out of ten in response to the question of whether or not they had a primary care physician. This response indicates that most elders do have regular and convenient access to health care. Among elders ages 75 and older, however, the response was slightly lower – 8.85 (Seton Health Care, 1998, *Survey*). This could reflect the difficulty that older persons have in obtaining transportation to needed services. Nonetheless, in a separate survey of the ten county region surrounding Travis County, 88.5% of elderly reported they had gone for a routine health checkup in the past year, while 67.7% had gone for a dental checkup. These rates are higher than those for non-elderly respondents among whom only 63.3% had received a routine health checkup in the past year (Seton Health Care, 1998, *Behavioral*).

Other data on the use of low cost health care services among elders in Travis County are indicators of a growing problem. People's Community Clinic (PCC) reports that elderly patients seeking health care have nearly doubled in the past three years (see Figure 14). Because elderly patients have a greater number of health problems than younger people, they usually require more visits, lab tests and medications. According to People's, elderly patients average 4.7 visits per patient per year. With an average cost of \$62 per visit, and a growing number of older adults

in our community, caring for elders represents a significant cost for the clinic. The rise in the number of older adults seeking care at PCC and other clinics may reflect the fact that older adults are having increasing difficulty accessing care. Low Medicare reimbursement rates are causing physicians and other private providers to limit the number of Medicare clients they treat. Anecdotal information from St. David's Senior Clinic confirms this, where 8 of 10 clients are unable to find a provider willing to accept Medicare.

**Figure 14.**

**Number of Patient Visits at the People's Community Clinic by Individuals Age 65+ - 1998 to 2000**



Source: People's Community Clinic

Data on the use of the City and County Medical Assistance Program (MAP) show that persons ages 65 and over currently comprise 14% of the City and County's Medical Assistance Program registrants, and the number of registrants ages 65 and over increased nearly 13% from fiscal year 1997 to 1999. The majority of these seniors are receiving supplemental insurance to Medicare for dental and prescription coverage. A smaller percentage of elderly clients, 1.1%, are enrolled in the City and County's sliding scale program for medical care.

Lack of regular medical care can result in increased hospitalization as individuals delay treatment for their health needs until they become urgent. A national study of older Americans found that among Medicare beneficiaries not enrolled in HMOs (82% of beneficiaries in 1998), the rate of hospital admissions during the year increased from 307 per 1,000 in 1990 to 365 per 1,000 in 1998 (Federal Interagency Forum on Aging Related Statistics, 2000). Given that hospitalization is the most expensive level of care available, this also represents a significant portion of current health care costs.

**Lack of regular medical care can result in increased hospitalization as individuals delay treatment for their health needs until they become urgent.**

### **Current Efforts**

Current efforts to address the health care needs of elderly persons are provided by area hospitals and health clinics. People's Community Clinic and the City and County's public health care

clinics provide inexpensive medical care for uninsured and underinsured low-income elderly. The City and County also offer the Medical Assistance Program to provide general or supplementary medical care coverage for low-income seniors. Several private providers also operate lower cost primary health care targeted specifically to seniors. St. David's Senior Health Center and Seton's Senior Health Center both provide primary health care for persons age 65 and older. These programs also offer case management, support groups, nutritional counseling and educational classes on maintaining good health. The Seton Good Health Club offers a variety of services including transportation for hospital stays, low cost classes and discounts on medical equipment. The Area Agency on Aging also provides durable medical equipment to eligible seniors.

**Table 7.**  
**Findings and Recommendations**

Findings	Recommendations
<ul style="list-style-type: none"> <li>▪ The most common chronic health problem among older adults is arthritis, with 50.8% in Travis County reporting that they have arthritis or rheumatism.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Physical activity has been shown to be effective in preventing and/or lessening mobility problems. Efforts should focus on preventing the onset rather than addressing it once it has occurred.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Regular physical activity and exercise have been shown to relieve and improve mobility and functioning among even the frailest and oldest adults. Additionally, physical activity helps reduce the risk of chronic diseases such as hypertension.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop a public information campaign to educate older adults and their families about the benefits of exercise.</li> <li>▪ Ensure that exercise programs are available for all older adults, including the frail and very old.</li> <li>▪ Identify and implement best practices in this area.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Falls are the single largest cause of restricted activity days among older adults. Falls are also one of the most common reasons elders are placed in nursing homes.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ensure that programs providing home modifications (such as grab bars, ramps, and non-skid rugs) have resources available to meet demand for services.</li> </ul>
<ul style="list-style-type: none"> <li>▪ While heart disease is the most common cause of death for all older residents, death rates are more than one and a half times higher among African Americans than Whites and Hispanics.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Eliminate disparities by focusing prevention efforts on groups that are at higher risk.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Maintaining a well balanced diet that includes fruits and vegetables helps prevent chronic disease. In general, the diets of older adults are not sufficient in amount of dairy products or fruits and vegetables</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improve awareness of the importance of diet in preventing chronic disease. Partner with non-traditional partners to spread the word to the target population.</li> <li>▪ Ensure that the food support programs are providing foods most needed by older adults.</li> </ul>

<ul style="list-style-type: none"> <li>Older adults are having difficulty finding private providers that will accept Medicare/Medicaid assignment.</li> </ul>	<ul style="list-style-type: none"> <li>Increase efforts to link individuals with a regular physician, including public providers as necessary.</li> <li>Lobby Congress for changes in reimbursement rates for Medicare and Medicaid.</li> <li>Consider developing an up to date clearinghouse of providers who accept Medicare and Medicaid.</li> </ul>
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## PREScription DRUGS

Currently, the issue of prescription drug coverage for older adults is being hotly debated at all levels of government. This issue is critical for older adults for two reasons. First, prescription drugs are a significant out of pocket health care cost for this group. Second, trends indicate that the situation is worsening and is unlikely to improve without government intervention.

In terms of drug coverage, older adults fall into three categories:

- those who have year round coverage (53%),
- those who are covered part of the year (19%), and
- those who have no coverage (28%).

The most common source of drug coverage is employer-sponsored retiree benefits, which provide for 30% of those with coverage. Nationally, nine out of ten Medicare beneficiaries have some type of supplemental coverage that helps cover prescription drug costs. For individuals who have Medicare coverage, 13% are covered through Medicare managed care plans, 8% are covered through Medigap policies, and 13.8% are covered by Medicaid or other public benefits. Despite the availability of supplemental coverage, at any time during a year, 35% of Medicare beneficiaries are without drug coverage. A review of the 1996 Medicare Current Beneficiary

**During the last eight years, prescription drug expenditures per senior rose by 116%, while overall health care expenditures for the group rose by 59%.**

Survey (MCBS), for example, found that only two-thirds of those covered under a Medicare managed care plan had drug coverage during the entire year. Individuals covered by both Medicare and Medicaid have the most consistent coverage (McClosky, 2000; Stuart, Shea, & Briesacher, 2000).

Prescription drugs are the fastest growing health care cost for seniors. Nationwide, older adults constitute approximately 13% of the population, but are prescribed 34% of all drugs and pay 42% of all prescription drug costs.<sup>7</sup> That translates into a per person cost of \$559 in 1992, projected to rise to \$1,205 in 2000. This increase is attributed, in part, to the rise in the cost of

<sup>7</sup> The cost information provided in this section comes primarily from a joint study by Families USA and the PRIME Institute. The study reviewed the Medicare Current Beneficiary Surveys from 1992 (the first year available in the 1990's) to 1996 (the last year available). The projections to 2010 are based on trend data from the Health Care Finance Administration.

individual prescriptions. In 1992, the average cost per prescription for older adults was \$28.50, whereas in 2000 it is expected to be \$42.30, an increase of 48% (McClosky, 2000).

In a comparison of total prescription drug costs and total out of pocket (OOP) costs, McClosky found that total drug expenditures for Texas seniors are slightly below the national average for US seniors, but about the same on OOP expenditures. Therefore, as a percentage of total drug expenditures, Texas seniors have higher OOP costs.

**Annual Health Care Costs Per Senior in Texas**

**Drug Expenditures: \$745**

**OOP Drug Expenditures: \$363**

**OOP Health Care: \$1,722**

In a comparison of out of pocket health care expenditures and prescription drug expenditures for Texas and the US, it was found that, Texas seniors spend a higher percentage of their total OOP health care dollars on prescription drug costs than other seniors (McClosky, 2000).

Table 8 shows the trend in total health and prescription drug spending per senior in the United States. For several years, drug costs as a percentage of total health care expenditures have risen at a faster pace than inflation. Based on projections from the Health Care Financing Administration, these costs are expected to continue rising.

**Table 8.**

**Total United States Health Care and Prescription Drug Spending Per Senior – 1992 to 2010**

Year	Total Health Care Expenditures Per Senior	Prescription Drug Expenditures per Senior	Prescription Drug Expenditures as a % of Total Health Care Expenditures
1992	\$7,554	\$559	7.4%
1994	\$9,059	\$648	7.2%
1996	\$9,998	\$769	7.7%
1998	\$10,822	\$984	9.1%
2000	\$12,028	\$1,205	10%
2005	\$15,922	\$1,912	12%
2010	\$21,149	\$2,810	13.3%

Note: Numbers for 1998 through 2010 are projections.

Source: McClosky 2000

For uninsured seniors, the picture is even bleaker. A recent study conducted by the United States Department of Health and Human Services found that drug costs for uninsured seniors are, on average, 15% more than those paid by third party payers. This is attributed to the ability of third party payers to negotiate lower drug costs because they are purchasing for large groups of individuals (McGinley, 2000).

Cost is not the only escalating factor; so is the number of prescriptions per older adult. The average number of prescriptions in 1992 was 19.6 versus a projected average of 28.5 in 2000 – a

45% increase. In part, this increase is explained by the development and approval of new drugs and the fact that people are living longer with more chronic conditions (McClosky, 2000). However, not all seniors are using more prescriptions. A review of the 1996 MCBS found that Medicare beneficiaries who do not have drug coverage fill one-third fewer prescriptions and spend 60 percent less on prescription drugs in comparison to those who have year round drug coverage (Stuart et. al., 2000).

**Increasingly, Medicaid managed care plans are capping the coverage provided for prescription drugs.**

While seniors are prescribed more drugs and are spending more money on drugs, the resources to cover these expenses are dwindling. While some Medicare managed care plans offer prescription drug benefits, increasingly, these

plans are establishing coverage limits and requiring co-payments on brand name drugs. This is particularly a problem given the recent news that some drug companies are paying millions of dollars to keep generic drugs off the market. Currently, Medicare managed care plans offering drug coverage are only available to 69% of Texas Medicare beneficiaries. Retiree health insurance is only offered by 19% of Texas companies, below the national average of 22-28%. Lastly, while some seniors have Medigap policies that cover prescription drugs, these plans are only available to those who have Medicare Part B. These plans are expensive and have high deductibles, keeping them out of reach of many seniors. The average monthly premium for Medigap coverage with prescription drug benefits is \$124 in Texas. (McClosky, 2000; Gerth, 2000; "Congressman", 2000; National, 2000).

Currently, 62,618 older adults are enrolled in Medicare in Travis County, but none of the Medicare plans currently offer prescription drug coverage. The City and County and Seton Healthcare Network offer two viable options for Travis County seniors needing help to defray the cost of prescription drugs. Travis County and the City of Austin operate a prescription drug program to help low income individuals defray the cost of medicine. (For more information on this program see Appendix H). Additionally, seniors who enroll in the Good Health Club with Seton Healthcare Network can take advantage of prescription drugs at a discounted price. The average discount is approximately 15%. Enrollment in the Good Health Club is free to individuals age 65 and older. (T. D. Froehlich personal communication, Feb. 13, 2001; US HHS, 2000, *HMO*).

### ***Implications for Seniors***

The rise in cost of prescription drugs poses a dilemma for many seniors. As research indicates, some choose not to fill prescriptions, possibly further impairing their health status. This means that seniors are being forced to make difficult choices about expenditures – choosing between medications and other basic needs such as food and shelter. Inability to purchase medications could result in higher medical costs if individuals develop more advanced conditions as a result of not following treatment protocols. This decline in health could, in turn, further strain the public health system.

Along with not purchasing medications, some seniors seek less expensive prescription alternatives. Recent news stories tell about seniors going to Mexico to purchase drugs where

they can achieve considerable savings. A diabetes medication that costs \$46.00 in the United States, for example, costs \$6.75 in Nuevo Progreso, Mexico (Harmon, 2000).

Unless significant changes occur in the cost of drugs and the availability of help purchasing them, the issues for seniors and the community around prescriptions drugs will only increase.

- First, the size of the population is increasing and living longer. The longer people live the more chronic conditions they are likely to develop that need treatment.
- Second, older people tend to have lower incomes the longer they live.
- Third, the local older population will increasingly be comprised of individuals from traditionally lower socioeconomic groups who historically have poorer health outcomes.

These factors combined with the trends showing increasing numbers of prescriptions and costs of drugs will create a growing economic burden.

### **Current Efforts**

The City of Austin and Travis County both offer help to low income seniors through the Medical Assistance Program (MAP) and the Community Health Clinics (CHC), which are payers of last resort. Currently, 3,370 seniors are provided some type of assistance through this program. (For details on the program and the number helped, please see Appendix H.)

Travis County also has a fund for emergency prescription needs that is available to individuals living at or below 85% of poverty. Help is only available once a year. Despite national trends indicating an increased need, in 1999, \$7,330 was allocated for pharmaceutical assistance, but only \$5,373 was spent. For FY 2000, \$6,230 was allocated and, as of September, only \$3,363 had been spent (Personal Communication with Travis County Health and Human Services and Veteran's Services, October 2000).

The most recent national plan to address this issue includes allowing prescription drugs to be imported from countries such as Canada, which set limits on drug costs. If a national plan is passed that only addresses the needs of low-income seniors, this will still leave out a large group of Texans that may need help – the middle class. Some 43% of Texans have incomes between \$15,000 and \$50,000 and would not be helped by a low income benefit (National, 2000).

**Table 9.**  
**Findings and Recommendations**

Findings	Recommendations
<ul style="list-style-type: none"><li>▪ The number of prescription drugs prescribed per older adult is rising.</li></ul>	<ul style="list-style-type: none"><li>▪ Develop/support prevention efforts to improve the health status of seniors and prevent health decline necessitating the need for more prescription drugs.</li></ul>

<ul style="list-style-type: none"> <li>▪ The federal government may not pass a prescription drug plan that meets the needs of all older adults in need of assistance.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Work with State agencies and advocates to develop statewide drug coverage plan. Currently, 16 states have programs in place to help seniors with prescription drug costs and several more are under development. The programs vary in specifics but, in general, cover low-income seniors who are not covered by other prescription drug programs. Additionally, some programs offer help to those who have prescription drug costs in excess of a certain percentage of income – Delaware set the level at 40% of income (16 States, 2000).</li> </ul>
<ul style="list-style-type: none"> <li>▪ The City/County prescription drug assistance program may not be reaching all of the seniors needing assistance.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ensure that all older adult service providers are aware of the help available through the City/County program. Increase outreach efforts targeting low and middle income seniors.</li> </ul>
<ul style="list-style-type: none"> <li>▪ New guidelines for the City/County prescription drug assistance program require clients to fill prescriptions at MAP Network pharmacies or public health pharmacies. This creates a problem for seniors who are transportation disadvantaged and have difficulty getting to these pharmacies.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Consider developing a courier service for seniors and individuals with disabilities, Or allow volunteers from organizations such as Caregivers to pick up and deliver prescriptions.</li> </ul>

## MENTAL HEALTH & SUBSTANCE ABUSE

The term "mental health" encompasses a wide range of diagnoses among older adults including dementia, Alzheimer's, depression, and severe mental illness such as bipolar disorder and schizophrenia. Many of the mental health conditions experienced by older adults are preventable and/or treatable. Unfortunately, family members and professionals too frequently fail to recognize the symptoms or misdiagnose them. Additionally, lack of understanding about the normal aging process can put older adults at risk for needless suffering.

**63% of individuals over age 65 with a mental health disorder are in need of mental health services (HHS, 1999).**

Failure to properly address the mental health needs of older adults has negative consequences. This can cause unnecessary nursing home placement, result in more expensive physical health interventions, and lead to impairments in social, mental, and physical functioning. Older adults with depression, for example, go to the doctor and emergency room more often, take more

medicine, have higher outpatient costs, and longer hospital stays (Diagnosis, 1991; United States Department of Health and Human Services, 1999).

### ***Depression***

It is estimated that 15% of older adults living in the community experience depression, with 3% experiencing major depression. However, for individuals living in nursing homes the rate is

**Women, unmarried individuals (particularly widows), individuals lacking a support network, and those experiencing stress are more likely to develop depressive symptoms.**

between 15 and 25%. Among widows, it is estimated that 10-20% develop depression in the first year after the death of a spouse. Depression is linked with several other conditions – physical conditions such as stroke and cancer, complaints of memory

loss, and suicide. When compared to other age groups, suicide rates among older adults are higher and the rate for older White men is six times that of other groups (HHS, 1999; Diagnosis, 1991).

A number of interventions are recommended for treating depression among older adults. Self help groups, bereavement groups, and life review exercises have been shown to be effective in addressing symptoms of depression (US HHS, 1999, Mental Health).

### ***Memory Function and Dementia***

As an individual ages, his/her memory may work more slowly. However, memory loss and confusion, or dementia, are not a normal part of the aging process. Dementia is a disease, caused by changes in brain function. After age 60, the prevalence of all dementia doubles with every 5 years of age (US HHS, 1999).

**Maintaining a sharp mind requires continuing to stimulate the mind and body by engaging in physical exercise, maintaining a proper diet, maintaining connections with the community and sustaining or developing interests or hobbies.**

A variety of physical conditions cause dementia. Those conditions that can be treated include dehydration, malnutrition, vitamin deficiency, thyroid problems, and high fever (National Institute on Aging, 1996). In addition to addressing these needs, research shows that engaging in new activities or changing routines can strengthen brain function. With proper prevention and intervention, most individuals can maintain sharp and clear thinking for the majority of their senior years (National Institute on Aging, 1996).

There are several types of dementia, the best known being Alzheimer's Disease. It is estimated that 50% of individuals with a family history of Alzheimer's will eventually develop the disease.

**Eight to fifteen percent of individuals over age 65 have Alzheimer's Disease.**

Diagnosis of the illness must include memory impairment co-occurring with a second cognitive deficit such as language problems or impaired executive (decision-making) functioning.

Research indicates that men and women are equally likely to get Alzheimer's, although more women than men appear to have the disease due to women living longer (US HHS, 1999).

Level of education is related to the age of onset of Alzheimer's – the higher the level of education attained, the later the onset. Extensive research is ongoing to discover ways to impede the development of Alzheimer's (US HHS, 1999).

Alzheimer's is an incredibly destructive disease in that it may severely alter behavior and level of functioning. Symptoms may include psychosis, wandering, agitation, physical violence, and verbal outbursts. The stress for caregivers of individuals with Alzheimer's is well documented. Caring for a person with Alzheimer's can be financially draining for family members and other caregivers – costing an estimated \$38,906 to \$43,600 a year (Tennstedt, 1999).

### ***Other Mental Health Conditions***

Anxiety disorders, specifically common phobias, are another mental health issue for older adults. Approximately 11% of individuals ages 55 and older have anxiety disorders in a given year. More severe conditions such as schizophrenia have a much lower prevalence rate (approximately 0.6% of individuals over 65 in a given year) (US HHS, 1999).

### ***Substance Abuse***

According to current national estimates, as many as 17% of adults over age 60 have substance abuse problems. For older adults, the most common addictions are alcohol and legal drugs, both prescription and over the counter. Use of illicit drugs among older adults is less common. Older adults fall into two categories of substance abusers: those with early onset and those with late onset. The former have a history of untreated addiction while the latter develop the problem in later years – usually after age 45 (US HHS, 1998, *Substance Abuse*; National Council, 2000). Higher percentages of women (24%) than men (15%) report first showing signs of alcoholism beginning in their 60's (US HHS, 1998, *Substance Abuse*).

**Overuse of alcohol or medications is likely to be precipitated by a major life change such as death of a spouse or retirement.**

### **Barriers to Treatment of Mental Health Issues:**

- The stigma surrounding mental illness and substance abuse prevents individuals from seeking help.
- A sense of hopelessness may prevent an older adult from seeking treatment.
- Ageist attitudes among caregivers, lay or professional, result in symptoms being overlooked or ignored. Mistakenly, too many symptoms are believed to be a normal part of aging and treatment is not pursued.
- Older adults are more likely to present physical rather than mental symptoms, making diagnosis difficult.
- Older adult symptoms present differently than those of other age groups, making them more difficult to diagnose.
- Health care professionals may lack the ability to recognize and properly treat mental health and substance abuse problems (US HHS, 1999; Diagnosis, 1991).

Similar to other mental health issues, the magnitude of the problem of substance abuse among older adults is often overlooked and underestimated. Attitudes and beliefs about older adults, aging and substance abuse often prevent recognition and diagnosis of the problem. As with any mental health issue, family members

and others may mistake symptoms of substance abuse as part of the aging process. In addition, a stigma exists around identifying and confronting this problem among older adults. The traditional methods for recognizing a substance abuse issue often do not apply to this population. For example, drinking problems may be recognized because an individual is arrested for driving while intoxicated. This is less likely to happen to an older adult who may drive less or no longer drive at all (Shulman, 1998).

Certain characteristics of older adults make the issue of alcohol use and abuse even more critical. First, older adults do not metabolize alcohol as easily as younger people and are therefore affected more by even small amounts. Second, most older adults take one or more prescription or over the counter drugs. The combination of drugs and alcohol can cause adverse drug reactions. Older adults use more psychoactive drugs such as anti-depressants than any other group. These types of medications are frequently accompanied by warnings not to be used with alcohol. Third, alcohol use among older adults can cause or exacerbate other problems such as depression and other mental health issues, gastrointestinal bleeding, cognitive impairments, sleep disorders and hypertension (National Council on Aging, 2000).

Addiction to drugs unrelated to alcohol is also problematic. Like alcohol, these drugs may have a stronger impact on older adults than they do younger persons. As individuals get older and take more drugs, the likelihood of medication mismanagement increases.

### **Current Efforts**

Several private providers offer mental health care to seniors suffering from depression, dementia, Alzheimer's disease and other disorders associated with aging. The Pavilion at St. David's and Seton Shoal Creek Hospital are the two primary service providers for mental health issues in the Austin/Travis County area. Last year, Seton Shoal Creek served 114 individuals ages 65 and older. Family Eldercare's Eloise's House offers day care for individuals with Alzheimer's. (For more information on Current Efforts, see Appendix A.)

**Table 10.**  
**Findings and Recommendations**

<b>Findings</b>	<b>Recommendations</b>
<ul style="list-style-type: none"> <li>Many health care practitioners do not have the training necessary to diagnose and treat mental health and substance abuse problems, yet primary care settings are ideal points for intervention.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure that medical practitioners receive training in identifying symptoms of depression and other mental health problems. Focus on primary care settings where most older adults receive care.</li> </ul>
<ul style="list-style-type: none"> <li>There is a lack of community understanding of the aging process.</li> </ul>	<ul style="list-style-type: none"> <li>Address ageist attitudes through public information about process of aging.</li> </ul>
<ul style="list-style-type: none"> <li>There is a lack of community awareness about mental health and substance abuse issues among older adults.</li> </ul>	<ul style="list-style-type: none"> <li>Develop a public information campaign to educate older adults and the public about the realities of mental health and substance abuse issues. Focus on empowering older adults to seek help.</li> </ul>

<ul style="list-style-type: none"> <li>Decline in mental functioning is not a normal part of the aging process. A number of factors influencing mental health can be prevented and addressed to improve functioning.</li> </ul>	<ul style="list-style-type: none"> <li>Increase public information about the issues that can impact mental health functioning such as malnutrition, hydration, vitamin deficiencies and thyroid problems. Ensure that adequate services are available to meet the needs of the population.</li> </ul>
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## Best Practices

The Substance Abuse and Mental Health Services Administration (SAMSHA), Center for Substance Abuse Treatment recommends that all individuals over 60 be screened for substance abuse problems. In cases where treatment is necessary, SAMHSA recommends that protocols include certain components:

- Older adults are best treated in age-specific group treatment. Ensure that environment is supportive and non-confrontational and works to build self-esteem.
- Treatment should include ways to cope with depression, loneliness and loss.
- Identify ways to strengthen social support networks.
- The content and pace of the treatment should be geared toward the older adult, whose needs may differ from other groups.
- Treatment staff should have experience and interest in working with older clients.
- Provide holistic care that addresses the range of needs a client may have including case management.

## Texas C.A.R.E.

A collaboration between the Texas Department of Human Services and the Alzheimer's Association, this program is designed to improve service connection for individuals with Alzheimer's. The program is based on the Community Resource Coordinating Group model but is designed strictly for those with Alzheimer's. The program is unique in that each site has flexibility to design a program that will be most effective in the given geographic area served by that site. After an immensely successful pilot program in 4 sites across Texas, the program was expanded to include Central Texas in 2000.

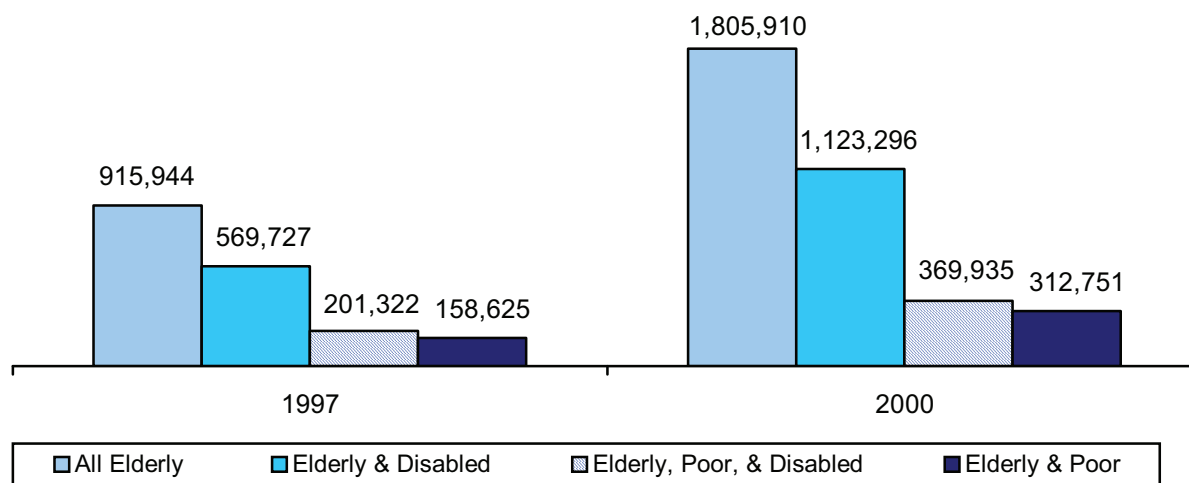
## TRANSPORTATION

Transportation is a critical issue for the majority of older adults. The availability of adequate transportation impacts whether or not older adults can meet their needs such as going to the doctor, going grocery shopping or attending events at the senior center. The inability to access transportation threatens the ability of older adults to maintain their independence and meet their basic needs. Additionally, it increases the likelihood that they will become isolated and inactive. Inadequate transportation is also a problem for family members who must miss work and rearrange schedules to accommodate the transportation needs of older adult family members.

As individuals age, if they own a car and know how to drive, they tend to drive less and limit the places they drive. They avoid peak driving times and stay closer to home. The decline in the use of a personal vehicle necessitates the reliance on other modes of transportation. A study conducted for the Texas Office of Community Transportation Services (OCTS) provides some understanding of the level of need among older adults as they lose their ability to transport themselves. The OCTS survey found that of those surveyed:

- the majority do not use a car to go to the doctor or other medical appointments;
- during the last year, 13% had gone without food one or more days due to lack of transportation;
- 25% always rely on family or friends to provide transportation for non-emergency needs; and
- most are unlikely to use fixed route services to meet their needs (THHSC, 1999, *Community*).

**Figure 15.**  
**Number of Transportation Disadvantaged in Texas by Category – 1997 and 2000**



Source: Gadbois, et. al., 1998

Older adults are one of the most transportation-disadvantaged<sup>8</sup> populations. The projected increase in the number of older adults is only going to make this problem more prevalent as Figure 15 demonstrates.

According to the Community Transportation Association of America, all older adults over the age of 65 are considered transportation disadvantaged. Based on that definition, in Travis County in 1997, some 50,000 individuals over age 65 were transportation disadvantaged. Although this definition may be broad, it makes the point that, in general, modes of transportation and transportation services are designed for younger individuals. It can be assumed that Travis County will experience a large increase in need for transportation services based on the population projections for Texas. Not only is the need expected to increase, but the geographic distribution of those needing services will also change. Aging Baby Boomers are

<sup>8</sup> Transportation disadvantaged is defined as “groups that are disenfranchised from the social, political, and economic benefits of their communities because of constricted mobility” (Gadbois and Handy, 1998).

more likely to live in suburbs, areas that are less likely to have adequate transportation infrastructure.

There is limited information available on the transportation situation of rural residents. However, it is generally true that rural residents face even greater barriers than their urban neighbors do. They have fewer transportation options than urban dwellers and must travel further to access basic services.

In the focus group and surveys conducted as part of this assessment, participants identified inadequate transportation as one of the top three problems for older adults in Travis County.

### **Current Efforts**

In Austin/Travis County, there are eight transportation providers that serve older adults. The two primary providers are Capital Metro and Capital Area Rural Transportation System (CARTS). Three government agencies, the City of Austin Parks and Recreation Department, the Texas Department of Human Services, and the Capital Area Agency on Aging provide transportation or purchase it from a local provider. Four volunteer based organizations also provide rides – American Cancer Society, Lakeway Service League, Meals on Wheels and More and Volunteer Caregivers Association of Austin (Caregivers). All of these providers require advance reservations and some serve limited populations.

It is not possible to determine the level of service provided by all agencies. Through contracts with the City of Austin and CARTS, in 1999 the Capital Area Agency on Aging provided transportation to 1,239 individuals, purchased 32,000 rides within the City limits and 7,400 rides in the rural areas. In addition, caregivers provided rides to 1,500 people in 1999 and provided 8,700 rides. (For more information see Appendix A.)

**Table 11.**  
**Findings and Recommendations**

<b>Findings</b>	<b>Recommendations</b>
<ul style="list-style-type: none"><li>▪ Lack of centralized transportation coordination. To secure a ride, an individual may have to call several different transportation providers.</li></ul>	<ul style="list-style-type: none"><li>▪ Centralized Coordination. Develop centralized transportation coordination that would allow individuals to call one number to reserve a ride.</li></ul>
<ul style="list-style-type: none"><li>▪ Escort Service. Many older adults need escorted rides to help them enter and exit transportation vehicles and to reach the final destination once leaving vehicle. This service is not available with public transportation and some transportation providers charge for attendants who are traveling with older adults. Caregivers provide this service but cannot meet the demand. As the population grows older the need for this service will increase.</li></ul>	<ul style="list-style-type: none"><li>▪ Develop formal escort policies and systems. Current public transportation providers should allow attendants or escorts to ride free. Another possibility is for public transportation providers to hire attendants to provide assistance to transportation users. Attendants would help users safely enter and exit vehicle and ensure that they arrive safely at their end destinations.</li></ul>

<ul style="list-style-type: none"> <li>▪ <b>Require Advance Reservations.</b> Transportation services for special populations require individuals to make advance reservations.</li> <li>▪ <b>Limited Availability.</b> The current public system is not able to meet the needs of the population – there are not enough vehicles or drivers. This situation has resulted in a variety of social service agencies developing individual transportation programs to meet the needs of their clients. Limited availability causes difficulties for individuals, such as cancelled doctor appointments.</li> <li>▪ <b>Limited Destinations.</b> Transportation services for special populations are only available for certain types of “essential” trips such as doctor's appointments. Focus group participants and survey respondents clearly indicated that transportation is needed to travel to social activities, religious services, the grocery store, or volunteer service opportunities.</li> <li>▪ <b>Long Wait and Travel Times.</b> Public transportation often requires riders to wait for long periods for transport to arrive and then spend several hours traveling to and from destinations. This is not only inconvenient, but for frail older adults and individuals in wheel chairs, it may be beyond their physical capacities.</li> <li>▪ <b>Design not friendly to older adults.</b> Public transportation often requires individuals to walk to a bus stop and wait without shelter for the bus – many bus stops do not have seating or protection from the elements.</li> <li>▪ <b>Limited Wheelchair Access.</b> Few of the transportation providers can accommodate individuals who use wheelchairs.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Develop and implement a comprehensive transportation plan</b> to meet the needs of the population.</li> <li>▪ <b>Develop Tiered system.</b> A tiered system would have different transportation providers that are targeted to meet the needs of certain groups of individuals. For example, it could be tiered by destination or by level of ability/disability. Each transportation provider would be responsible for one tier, i.e. individuals who need to go to the doctor.</li> <li>▪ <b>Payment System.</b> Implement a voucher system that would allow qualifying individuals to receive vouchers redeemable with the transportation provider based on choice and availability.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Heavily Dependent upon Volunteers.</b> Much of the current transportation system is dependent upon volunteers to fill gaps in the public transportation system.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Strengthen Publicly Funded Transportation.</b> Public transportation providers need to develop better services for this population rather than assuming that volunteers will do the job.</li> </ul>

<ul style="list-style-type: none"> <li>▪ Volunteers Not Covered by Good Samaritan Law. State law does not protect volunteer transportation providers (individuals) from being sued by clients.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lobby Texas Legislature to include volunteer drivers under the Good Samaritan Law.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Insufficient Data. More information is needed to understand the true magnitude of the problem.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop Uniform Data Requirements. Work with service providers to collect the information necessary to develop the necessary level of knowledge about the problem. For example, # of unduplicated clients served, # of rides provided (by category), cost of providing a unit of service. Conduct additional study of the needs of rural residents.</li> </ul>

## VICTIMIZATION

### CRIME

Individuals ages 65 and older are 10 times less likely to be murdered, assaulted, robbed, or otherwise victimized than younger people. The risk of being victimized may be lower because senior citizens take fewer risks (Lichtblau, January 10, 2000).

Despite the low incidence of victimization, about two million older adults in the United States are victims of crime each year (US HHS, 2000, *Age Page*). Older adults are also more frightened of crime because:

- They cannot fight back as well (Lichtblau, January 10, 2000),
- They are at greater risk of being seriously hurt than are younger victims (US HHS, 2000),
- They know they do not heal as fast (Lichtblau, January 10, 2000),
- They are often targets for financial crimes, such as fraud, robbery, theft, and burglary (US HHS, 2000), and
- They are attacked near or in their homes more often than are younger victims (US HHS, 2000).

### MALTREATMENT

In addition to crimes that affect the general population, older adults are at risk of abuse and exploitation by individuals with whom they have ongoing relationships. Chapter 48 of the Texas Human Resources Code, passed in 1981, established the State's responsibility to provide protective services to older adults through the Texas Department of Protective and Regulatory Service's Adult Protective Services program.

The true prevalence of maltreatment of older adults is not known. In the last decade, however, the number of incidents of abuse, neglect, and exploitation reported to the State for investigation in Texas increased 267%. This increase is likely due to both the increase in the population and increased awareness and reporting of abuse (Texas Department of Protective and Regulatory Services, 2000).

Despite the increased number of reports, the rate of validated investigations of abuse per 1,000 at-risk adults in Travis County decreased from 9.1 in 1996 to 6.3 in 1999 (Texas Department of Protective and Regulatory Services). In addition, as Figure 16 shows, in 1998, the incidence of maltreatment in the Austin region (7.4 adults per 1,000) was below the State average (8.2 adults per 1,000). While the rate in the Austin region is lower than in many other areas of the State, some experts estimate that elder abuse is as common as child abuse.

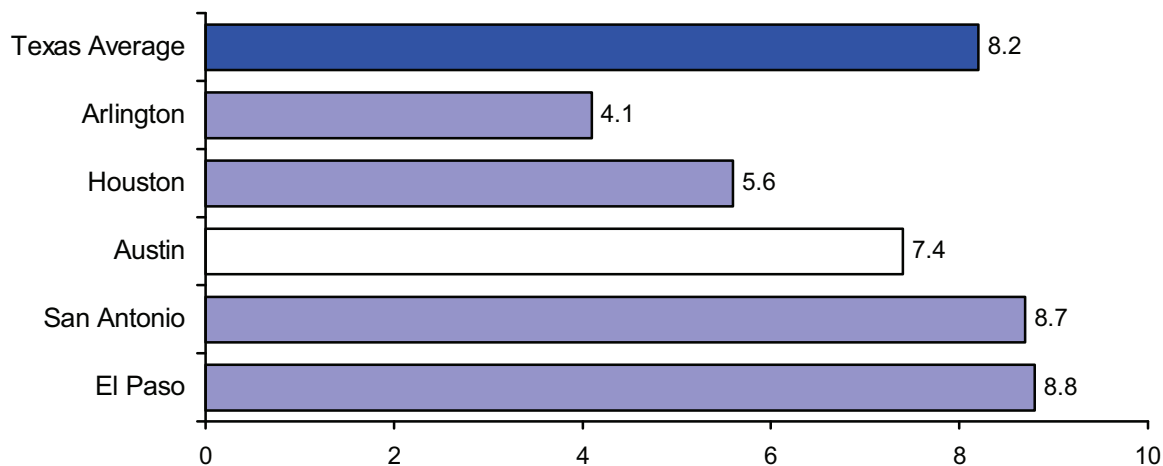
#### Types of Maltreatment:

- Abuse - Negligent or willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical or emotional harm or pain by an individual with whom the elderly person has an ongoing relationship.
- Emotional or verbal abuse - Any behavior used to humiliate, intimidate, vilify, degrade, or threaten with harm.
- Sexual abuse - Any involuntary or nonconsensual sexual conduct.
- Neglect - The failure of a caretaker or one's self to provide the goods or services necessary to avoid physical or emotional harm or pain
- Exploitation - Using the resources of an elderly person for monetary or personal benefit, profit, or gain without their informed consent.

Some older adults are more likely to be victims of maltreatment than others. In 1998, a majority of Adult Protective Services clients (64%) in the Austin region were females. In addition, 55% of clients in Austin completed in-home investigations were White, while 24% were Black and 11% were Hispanic.

**Figure 16.**

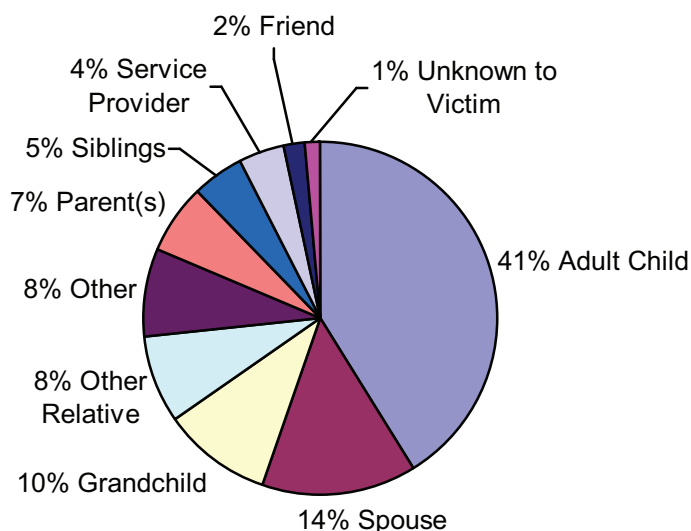
#### **Incidence of Maltreatment per 1,000 Older Adults by Largest Texas Regions – FY 1998**



Source: Texas Department of Protective and Regulatory Services

Similarly, certain individuals are more likely to be perpetrators than are others. For example, maltreatment of older adults is more likely to occur at the hands of individuals known to the victim. The majority of perpetrators of in-home abuse, neglect, and exploitation are related to the victim as shown in Figure 17 (Texas Department of Protective and Regulatory Services, 1999, *Annual Report*).

**Figure 17.**  
**Relationship of Perpetrators to Older Adult Victims in Confirmed Cases of In-home Maltreatment in Texas - 1999**



Source: Texas Department of Protective and Regulatory Services

### Current Efforts

In FY 1999, Adult Protective Services conducted investigations of 1,733 cases of alleged abuse, neglect and exploitation in Travis County, with 966 cases confirmed.

Seniors and Law Enforcement Together (SALT) partners senior advisory members with law enforcement officers to give presentations to seniors, teaching them how to be safer in their communities. In 1999, SALT members reached between 600 and 900 seniors. (For more information on Current Efforts, see Appendix A.)

**Table 12.**  
**Findings and Recommendations**

Findings	Recommendations
<ul style="list-style-type: none"> <li>Older adults are often victims of financial crimes such as fraud, robbery, theft and burglary and financial exploitation</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen current prevention programs and ensure that they have the resources they need to meet the demand for services. Identify and implement best practices in this area.</li> </ul>

<ul style="list-style-type: none"> <li>▪ Females and minorities are more likely to experience maltreatment.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Eliminate disparities by focusing prevention efforts on groups that are at higher risk for abuse.</li> </ul>
<ul style="list-style-type: none"> <li>▪ In FY 1999, Adult Protective Services conducted 1,733 investigations and confirmed 966 cases of abuse, neglect, and exploitation in Travis County.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lobby the State Legislature to increase funding for investigation and prosecution of cases of abuse.</li> <li>▪ Develop program that trains individuals who come in contact with older adults such as police officers, public utility workers, postal workers, as well as older adults volunteers to recognize signs of abuse and neglect and how to report suspicions.</li> </ul>
<ul style="list-style-type: none"> <li>▪ The majority of older adult abusers are related to the victim. Approximately 40% of perpetrators are adult children.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop a public information campaign to educate older adults and their families about the risk of elder abuse by relatives. Identify and implement best practices in this area.</li> </ul>

## LEGAL PROTECTIONS

In planning for the future, there are a number of legal steps that may be used to protect and honor the wishes and rights of older adults. Two programs, guardianship and money management, will be discussed in detail.

Planning is essential to protecting the rights of older adults. Lack of legal protection can leave individuals at risk of abuse, neglect, and exploitation. Many of the documents discussed here should be executed while the individual in question is still able to make his/her own decisions. An individual is considered “incapacitated” once he/she is substantially unable to provide food, clothing, or shelter for him/herself, manage his/her own financial affairs or to care for his/her own physical health due to a physical or mental condition (*Planning for Incapacity*, 1997).

Under Texas law, when an older adult becomes unable to properly care for him/herself due to physical or mental incapacity, the Court may appoint a guardian. The Court must first determine

### Other alternatives to guardianship:

- **Directive to Physician** – Also known as a living will, this legal document specifies whether or not life sustaining treatments should be used in the case of a terminal or irreversible condition.
- **Medical Power of Attorney** – A legal document that specifies who will make medical decisions for an individual if that individual is no longer able to make decisions for him/herself.
- **Durable Power of Attorney** – A legal document that specifies who will make decisions about such issues as housing and finances on behalf of an individual if that individual is no longer able to make decisions for him/herself .

Legal Hotline, 1999

if the person is incapacitated, and, second, who would be the best individual to assume decision-making responsibility. The Court also specifies what types of decision a guardian may make. There are three types of guardianship.

- Guardian of the Person – Has authority to make medical, housing and all other personal decisions.
- Guardian of the Estate - Has the authority to make financial decisions only.
- Guardian of the Estate and Person – Has the authority to make medical, housing and financial decisions.

In Travis County, the Probate Court is the legal entity that makes guardianship decisions. Generally, family members serve as guardians. However, in cases where a family member or other individual is not available to serve, the Texas Department of Protective and Regulatory Services – Adult Protective Services Division (APS), a local attorney, or the local guardianship program may be appointed to serve. In 1997, statewide there were 5,000 applications for guardianship (includes non-elderly). Of those, 18% did not have family members who could serve as guardians (Texas Health and Human Services Commission, 1999). In Travis County, for persons who are indigent or have no family or friends to serve, Family Eldercare can be appointed the legal guardian. Family Eldercare finds volunteers to serve on its behalf to act as guardian for specific individuals (Email from Joyce Haight, Program Director of Family Eldercare, October 2, 2000).

An individual may specify in advance of the need for a guardian who should and should not be appointed as guardian if and when the need arises. This is called Designation of Guardian before Need Arises (Legal Hotline, 1999).

Significant barriers to guardianship exist. It costs approximately \$1,700 to hire an attorney and pay court costs when applying for guardianship, a cost that is prohibitive for many people. In the absence of family or friends to apply for guardianship, an individual in need may be left open to abuse or exploitation. Isolated individuals may have no one to advocate for them.

Money Management or Representative Payee programs can be used as an alternative to guardianship and are a way to prevent financial exploitation. These services are necessary when an individual is no longer able to properly manage his/her own financial affairs but is not entirely incapacitated. Social Security, Veteran's benefits, and Railroad Retirement are examples of benefits that may be managed by a Representative Payee (RP). All other income, such as rental income or pensions, requires a Power of Attorney or Guardianship to be controlled by an RP. (Legal Hotline, 1999; Email from Joyce Haight, Program Director of Family Eldercare, October 2, 2000). In Travis County, Family Eldercare operates the local money management program. This agency also has a Bill Payer program under which clients voluntarily provide access to bank records, bills, and other financial information. However, Family Eldercare does not have the right to control funds or sign on accounts. The purpose of the program is to help individuals pay bills and manage finances without official RP designation.

## Current Efforts

As mentioned, there is one money management and one guardianship program serving the Austin Travis County population. At this time, the money management program is providing services to 74 individuals with 11 waiting for services. The guardianship program is serving 226 people and has 22 people on the waiting list. Both programs use volunteers to provide money management and guardianship services to individuals in need. Beginning this year, Family Eldercare will be the first program in the nation to pilot the use of on line banking to make money management easier and more efficient.

Another resource for older adults is the Legal Hotline for Older Texans. This organization produces a number of publications explaining the various legal documents that are of benefit to older adults and their families. Additionally, this hotline offers referral to attorneys around the state who can provide advice and assist in preparing legal documents. In total, four programs in the area provide legal counseling and referral. Additionally, the Area Agency on Aging provides benefit counseling to older adults. This program served 344 people in 1999. Lastly, the Office of the Attorney General of Texas operates an elderlaw program that addresses consumer complaints and represents cases brought by the Texas Department of Human Services.

The State of Texas, under the auspices of the Texas Guardianship Alliance Board, is developing statewide standards for guardianship programs to ensure that all individuals are afforded equal protection and quality services. (For more information on Current Efforts, see Appendix A.)

**Table 13.**  
**Findings and Recommendations**

Findings	Recommendations
<ul style="list-style-type: none"><li>There is a need for expanded guardianship and money management services to provide for individuals on waiting lists.</li></ul>	<ul style="list-style-type: none"><li>Increase recruitment of volunteers to serve as money managers and guardians.</li></ul>
<ul style="list-style-type: none"><li>The cost of applying for guardianship is too high for many would be guardians.</li></ul>	<ul style="list-style-type: none"><li>Ensure that financial assistance is available for individuals who want to apply for guardianship but do not have the financial resources. The County should include money in the Probate Court budget to assist needy individuals in applying for guardianship.</li></ul>

## ECONOMICS OF SELF-SUFFICIENCY

The ability of an older adult to age well and live independently depends a great deal upon personal financial resources. This section considers the financial challenges individuals in Austin and Travis County face. The individuals struggling to make ends meet are the ones most likely to develop the most conditions requiring extensive care.

An individual or family is considered self-sufficient when personal resources are sufficient to meet basic needs for housing, food, transportation, medical care, and taxes, *without* public subsidies such as public housing, food stamps, or Medicaid (Wider Opportunities for Women, 1997). This section examines the cost of living, factors affecting the cost of living, and incomes of older adults in Austin and Travis County.

**Table 14.**  
**Monthly Living Expenses for an Older Adult Renter Versus an Older Adult Home Owner**

Expense Category	Single Older Adult Homeowner	Single Older Adult Renter
Housing* Housing cost for owners/ Average rent for an efficiency apartment in Austin. (Source: AARP; City of Austin 2000).	\$282	\$459
Property Taxes Average for taxpayers who receive the over 65 school tax exemption. (Source: Travis County Appraisal District.)	\$89	N/A
Utilities, fuels, and public services (Source: U.S. Department of Labor. February, 2000)	\$233	\$233
Food (Source: USDA Low-cost plan. Sept. 1999)	\$180	\$180
Medical Care/ Prescription Drugs for those age 75-79 (Source: McClosky. 2000)	\$144	\$144
Transportation (Source: American Automobile Manufacturers Association and the Consumer Expenditure Survey, 1996 - adjusted for cost of living.)	\$229	\$229
Miscellaneous Average cost includes clothing, shoes, paper products, non-prescription medicines, household items, telephone, and other. Calculated by taking 10% of all other costs. (Source: Wider Opportunities for Women, 1997)	\$156	\$235
Medicare Part B – Optional Expenditure (Source: Texas Department of Human Services)	\$46	\$46
<b>Total Monthly Expenses:</b>	<b>\$1,313</b>	<b>\$1,480</b>

Source: AARP

\* Note: 79% of older Americans own their own home, and 21% are renters. Of those who own their homes, approximately 80% own their homes free and clear. Thirty-seven percent of older homeowners spent more than one-fourth of their income on housing expenses.

No exact estimate is available for the income and assets necessary for older adults to be self-sufficient in Austin. However, Table 14 identifies expenses for the average older adult in Austin in a typical month.

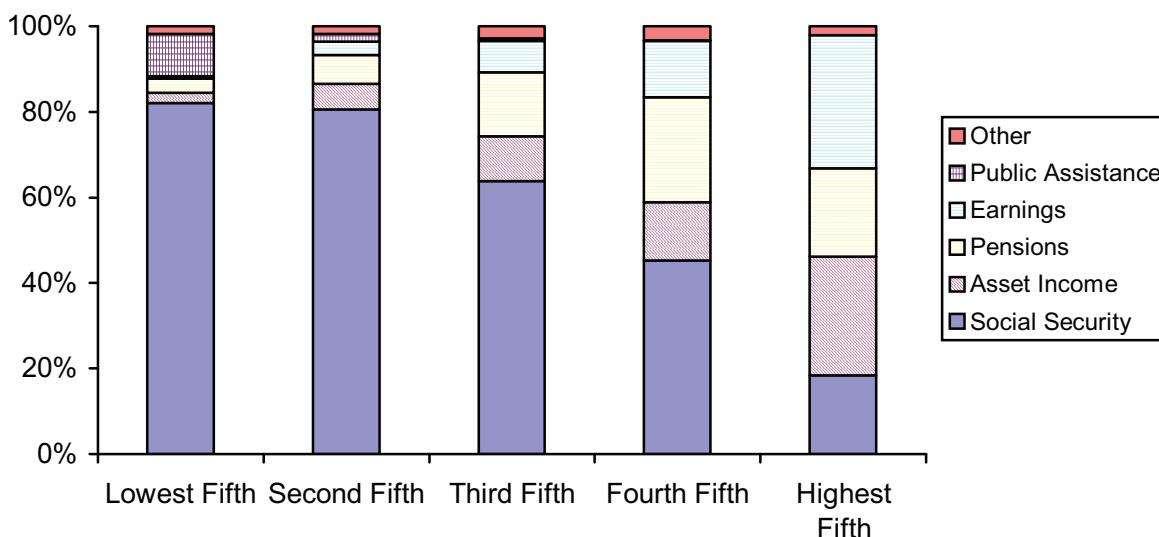
Although Table 14 does not show the complete picture of what it costs to live in Austin, it provides a framework for estimating that cost. Based on this information, self-sufficiency in Austin requires an average monthly income of at least \$1,300. Because the average monthly Social Security payment is just \$806, the cost of living in Austin is only affordable for older adults who have other resources. However, for older adults in the lowest 40% of the income bracket, Social Security makes up approximately 80% of their total income. This discrepancy between income and cost of living means that it is difficult for older adults to achieve or maintain self-sufficiency, given the high cost of living in Austin/Travis County.

The cost of living in Austin for older adults is estimated at more than \$15,000 a year. However, the median income of older persons in 1998 was \$13,768.

### INCOME OF OLDER AMERICANS

The median income of older persons in 1998 was \$18,166 for males and \$10,054 for females, with the median income for all older persons being \$13,768. Thirty-six percent reported incomes less than \$10,000, and only 22% reported incomes of \$25,000 or more. However, households containing families headed by persons 65+ reported a median income in 1998 of \$31,568, which is higher because it includes income from all members of the household. Income disparities exist between racial/ethnic groups as well – the 1998 median income was \$32,398 for Whites, \$22,102 for Blacks, and \$21,935 for Hispanics (AARP, 1999).

**Figure 18.**  
**Sources Of Income Among Persons Age 65 Or Older, By Income Quartile - 1998**

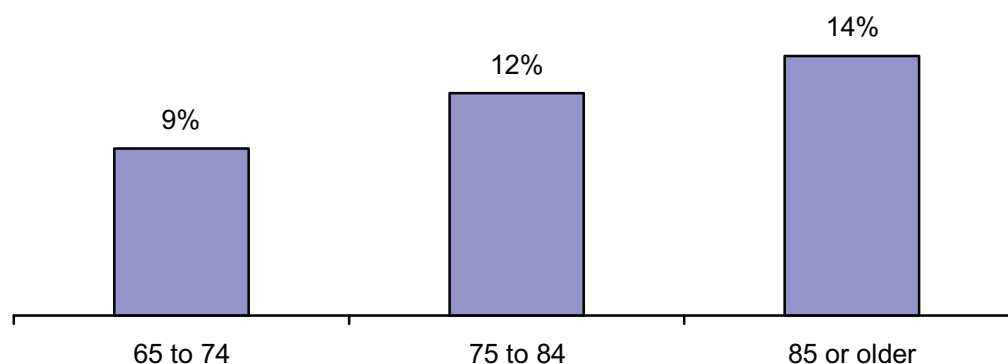


Source: Older Americans, 2000

Social Security benefits provide about 40% of the total income of older Americans. Asset income, pensions, and personal earnings compose the remainder. Figure 18 shows that, depending on the income group, many older Americans rely heavily on Social Security. For older Americans in the bottom 20% of the income distribution, Social Security makes up 82% of their total income, and public assistance accounts for another 10% (Older Americans, 2000). Pension wealth is also indicative of the racial differences for older Americans. White households have 26% of their income in pensions, as compared to Hispanics who only have 11%. Impoverished households, regardless of race or ethnicity, are most dependent on Social Security benefits in retirement (Honig, 2000).

As is shown in Figure 19, poverty rates increase with age, but are also higher among women and minorities than men. For example, in 1998, divorced Black women ages 65 to 74 had a poverty rate of 47%, one of the highest rates for any subgroup of older Americans (Older Americans, 2000). According to the Texas Health and Human Services Commission, Travis County residents aged 65 and older are only slightly less likely to live in poverty than individuals ages 18 to 64 (10% vs. 10.7%). This difference is due in large part to the protection provided by Social Security income.

**Figure 19.**  
**Poverty Rates for Older Americans by Age - 1998**



Source: Older Americans, 2000

A large racial disparity exists between older Blacks and older Whites with regard to assets. Older Blacks have an average net worth of about \$13,000, while older White Americans have an average net worth of \$181,000. Similar disparities exist based on educational levels. Individuals who have at least some college have more than four times the household net worth of those without a high school diploma (Older Americans, 2000). If current saving patterns continue, Black and Hispanic households will have a significantly lower living standard in retirement relative to Whites (Honig, 2000). This is of particular concern given that Hispanics are the fastest growing segment of the population.

Just as income varies with gender and race, living expenses also vary - depending on age, income level, and living situation. For older adults with greater health needs, expenses are even higher.

On a more positive note, in April 2000, President Clinton signed the Senior Citizens' Freedom to Work Act of 2000. This law allows individuals over the normal retirement age to earn income

from work without experiencing a decrease in their Social Security benefit. Currently, the normal retirement age is 65 but it will increase to 67 over the next several years (Social Security Administration, cited 2000).

## FACTORS AFFECTING COST OF LIVING

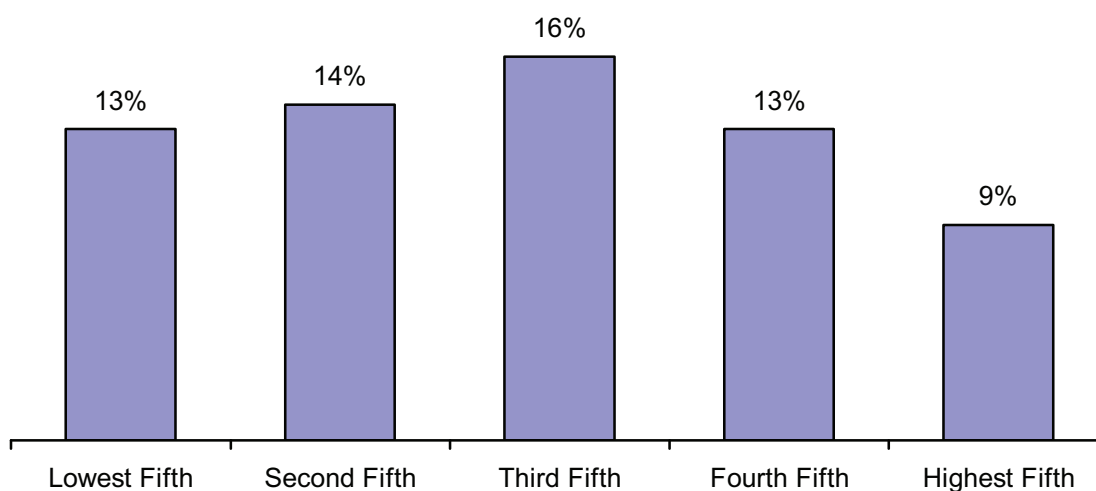
The American Chamber of Commerce Researchers Association (ACCRA) tracks the cost of living in more than 300 urban areas. According to ACCRA, housing prices and apartment rents pushed the cost of living in Austin to the number one position during the last three months of 1999. Austin is now ranked the most expensive city in Texas and one of the most expensive cities in the country (Bishop, July 12, 2000). Older Travis County residents on fixed incomes feel the effects of the rising cost of living to a greater extent than does the general population.

The 1990 Census showed that approximately 22% of older renters were severely cost-burdened, paying more than 50% of their income on housing.

A key factor contributing to the high cost of living in Austin is housing costs. Travis County Census data for 1990 shows that 49% of older renters and 18% of older homeowners were paying over 30% of their income in housing expenses. For housing to be affordable, it should cost no more than 30% of the household income. Approximately 22% of older renters and 7% of older homeowners were identified as severely cost-burdened, paying more than 50% of their income on housing expenses. The impact of high housing costs is even greater for lower income older adults whose housing expenses comprise 36% of their cost of living. For those in the top fifth of the income distribution, 26% of income is spent on housing (Older Americans, 2000). These estimates are likely conservative given the rise in the cost of housing in the last ten years.

**Figure 20.**

**Percent of Older Americans' Incomes Spent on Health Care by Income Quartile - 1998**



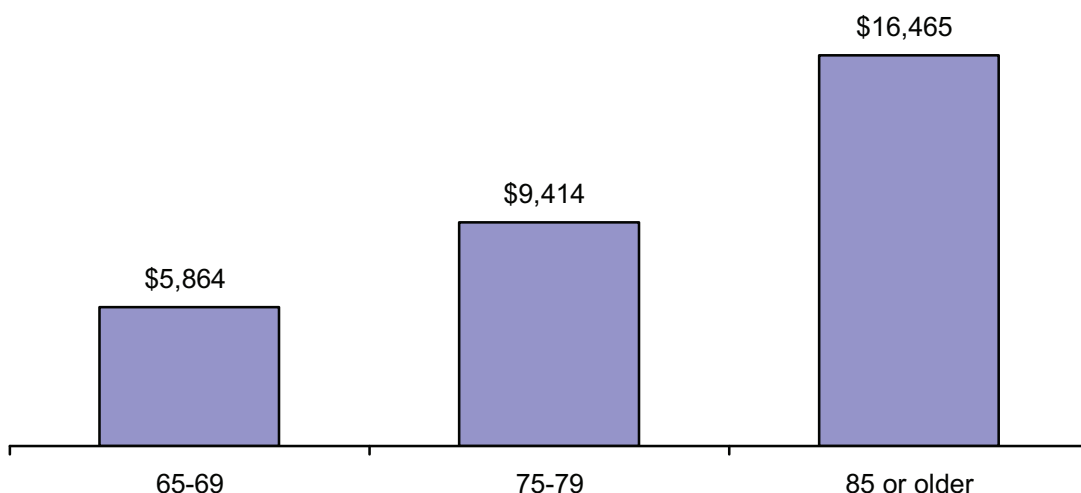
Source: Older Americans, 2000

Health costs are the next highest expenditure for older adults. Figure 20 shows the differences in health care expenditures by income level. Unlike housing costs, middle class older adults spend the highest percentage of their income on health care. Middle class elders are often in the position of not qualifying for assistance and not being able to afford out-of-pocket costs for services. As the population of older adults increases, this problem will affect more people.

Health care expenditures also increase with age. As Figure 21 shows, people ages 65-69 spend an average of \$5,864 a year, while those ages 85 or older spend more than \$16,000 a year. This increase in health care costs is due, in part, to the fact that older persons have more chronic medical conditions. One of the most expensive chronic conditions is Alzheimer's. Care for an individuals with Alzheimer's costs between \$38,906 and \$43,600 a year. Almost 75% of that cost is borne by informal and family caregivers (Administration on Aging, 1999). Health care costs also rise with level of disability. Among the 9.9 million persons 75 to 84 years old in the U.S., 63.7% have disabilities (Chartbook on Disability, 1996).

The need for long term care is also expensive. For those individuals who must receive care in an institution, the cost is six times what it costs to receive care at home. In 1996 the cost of institutional care was \$38,906 versus \$6,360 for in home care (Administration on Aging, 1999).

**Figure 21.**  
**United States Health Care Expenditures by Age Group – 1996**



Source: Older Americans, 2000

The income and expenditure information shown in this report demonstrates that many older women, minorities, and lower-income adults are struggling to make ends meet in Austin and Travis County. Although Social Security is often regarded as the income safety net for older Americans, in many cases, this net is not large enough to provide for at least 40% of the older adults in our community. As the cost of living and the cost of health care continue to rise, the threat to self-sufficiency will continue to increase.

## V. WHAT SYSTEM IS IN PLACE TO SUPPORT AND CARE FOR OLDER ADULTS?

People are living longer and needing increasingly complex levels of care as

they age. Originally, caring for the aged was primarily a concern of family, neighbors and friends. Today this responsibility is borne by a complex system involving government, private businesses and community based organizations in addition to the original caregivers. As with any large system, the best interests of the individual are at risk of being overlooked.

This chapter of the report considers the formal and informal systems that are in place to help older adults access the services and supports they need as they age. Initially the discussion is about the formal Long Term Care System – the mechanism for financing and providing community based and institutional care across all areas. The discussion focuses on how individuals access care and the changes and trends at the national and state levels that impact access. This is followed by a discussion about the informal long term care system – family and friends that provide the vast majority of care for older adults. Lastly, this chapter covers information about the local investment in care and services for older adults.

### THE LONG TERM CARE SYSTEM

The formal system that has developed over the years to address the needs of older adults is commonly known as Long Term Care (LTC) and refers to a range of services including medical, social, personal care and supportive services that are used by individuals who do not have the ability to care for themselves or maintain their households due to some type of chronic condition, such as a physical disability or health problem. It is not possible to discuss here all aspects of the long term care system. Rather, the point is to provide an understanding of the key parts of the system and how it impacts older adults and the community as a whole.

Long term care services can help individuals who, without help, may require institutionalization. As discussed, some individuals need only minimal assistance to maintain their independence while others need a wider array and more intense level of care (NAELA, 2000; THHSC, Jan. 1998).

#### Types of LTC assistance:

- skilled nursing care
- sub-acute care
- physical/occupational therapy/rehabilitation
- respite for caregivers
- adult foster care
- home modifications
- nursing home care
- medical devices
- home delivered meals

Historically, public dollars have supported institutionalization over community based care. However, in recent years expenditures are shifting to community based support. The current LTC financing system favors acute care over chronic care and historically has focused on the most expensive, and possibly least effective, methods of care. For example, Medicare, the most significant health care protection for older adults, covers bypass surgery (acute) but not care for diseases such as Alzheimer's (chronic). Dependence is supported over independence in that significantly more resources are allocated for institutional care than home care (NAELA, 2000).

In the last 10-15 years, several changes on the national level have occurred that are impacting the long term care system. These changes are having a significant impact on the ability of older adults to maintain independence and age in their own homes.

### Changes on the National Level Impacting Long Term Care

- **Changes in Medicaid Spending.** Medicaid, the number one government source for financing LTC, has traditionally been used to pay for institutional care. However, federal policy has changed such that states can apply for Medicaid waivers<sup>9</sup> (HCBC waivers) that allow them to use Medicaid funds to pay for alternatives to hospital and nursing home care. Between 1987 and 1997, the percentage of Medicaid funds spent on home care nationally increased from 10.8% to 24% while the proportion of Medicaid funds spent on nursing home and intermediate care declined 15% (Coleman, 1999; NAELA, 2000). While states only spent 22% of Medicaid funds on Home and Community Based Care (HCBC) waiver programs in 1987, by 1997, 60% of funds were spent on these programs (Coleman, 1999).
- **Rights for the Disabled.** In 1997, the Supreme Court ruled in *Olmstead vs L.C.* that under the Americans with Disabilities Act (ADA) it is discriminatory to place persons with disabilities in institutions without justification. As a result, Texas established the Promoting Independence Advisory Board to oversee the implementation of the *Olmstead* decision and how Texas would respond to the challenges it presented. The mission of the Board is “to provide guidance to the Health and Human Services Commission in the evaluation and implementation of the system of services and supports for people with disabilities in order to assure that Texans with disabilities have access to alternatives to institutional care when community care is preferable” (THHSC, July 2000).
- **Balanced Budget Act of 1997.** This federal act made significant changes in the Medicaid and Medicare programs. The intent of the BBA, in part, was to stem the rapid growth in cost of these two programs. The complex changes made by the BBA cannot be addressed here, however, it is important to note some consequences of this legislation. First, Medicare managed care service and home health care providers are choosing to opt out of renewing Medicare contracts because the reimbursement rates for services are too low. This year, the primary local Medicare provider in Travis County, Seton Health Care, announced that it would no longer provide Medicare funded managed care or home health services. Additionally, the BBA created additional financial burdens for physicians who accept Medicare/Medicaid assignment. As a result, more physicians are choosing not to accept Medicare/Medicaid patients or limiting the number they serve (Schneider, 1997).
- **Medicare Home Health Benefit.** This warrants special consideration because of the important role it plays in meeting the needs of older adults. Originally, this benefit was intended for short term use for individuals recuperating from acute illness and to provide a less expensive option to institutional care. Legislative changes resulted in a huge increase in usage of the benefit during the 1990’s and a huge growth in the number of private home health agencies. For example, the average number of visits per client increased 220% in Texas between 1990 and 1997. Federal changes to the benefit have resulted in a decline in its use and closure of hundreds of home health agencies in Texas (Health Care Financing Administration, August 1999).

<sup>9</sup> States apply to the federal government for Home and Community Based Care (HCBC) waivers which give states the flexibility to spend Medicaid funds for community based services, not just institutional care.

As our society continues to age, the need for long term care services will continue to rise as the problems associated with aging become more prevalent. Medicaid expenditures for elderly LTC are projected to more than double between 1993 and 2018 due to both the aging of the population and the increase in cost of care (Wiener and Stevenson, 1998).<sup>10</sup>

Nationally, it is estimated that 60% of all persons will require long-term care sometime in their lives (NAELA, 2000). Some 23% of all people aged 65+ are functionally disabled or currently need LTC (Tennstedt, 1999). It is estimated that in the year 2000 more than 13,000 Travis County residents ages 65 and older have difficulty with some ADL's (Texas Health and Human Services Commission, 1999, *Selected Information*).

Despite the high level of need, the vast majority of individuals are not adequately prepared to access LTC when they might need it and are confused about the financing of long term care. Most believe that Medicare covers LTC services but in reality Medicare covers only a small part of LTC costs. Medicare primarily covers home health care related to acute care. (See Appendix E for more detailed information on Medicare and Medicaid).

Medicaid is the number one payer for LTC in the U.S., covering 40% of nursing home and home care expenditures in 1998. The next most common source is personal or family finances, accounting for 26% of nursing home and home care expenditures in 1998 (Feder, et. al., 1999). Another financing option is long term care insurance, but it is estimated that only 6% of individuals in the U.S. have purchased long term care insurance policies in the past (Coleman, 1999; NAELA, 2000).

**Most common financing options for individuals needing LTC:**

- **Medicaid – Many individuals must spend down personal financial resources in order to qualify for benefit.**
- **Personal financial resources**
- **Medicare Parts A & B and Medigap Supplemental Insurance**
- **Long term care insurance - Primarily an option for people who have assets they want to protect.**

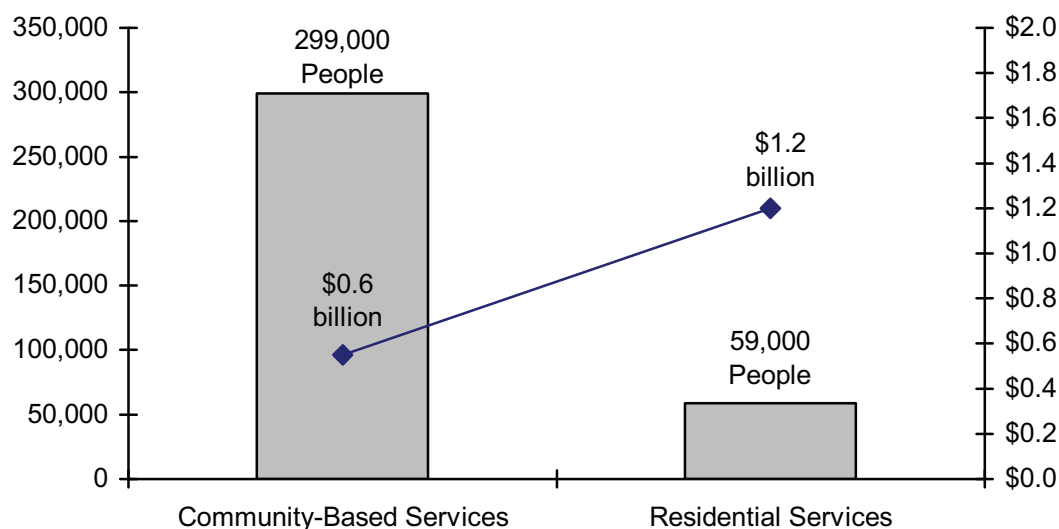
NAELA, 2000

In Texas, the majority of resources for LTC go to residential services such as those provided in nursing homes. As is shown in Figure 22, of the individuals age 60 and older receiving LTC through the State, 299,000 receive community based services at a cost of \$551 million while 59,000 receive residential services at a cost of \$1.2 billion (THHSC, Dec. 1998). That means that 16.5% of those receiving services are using 68.5% of the resources.

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<sup>10</sup> While LTC applies to individuals who are younger than 65, such as those with mental retardation or developmental disabilities, 60% of the individuals using LTC services are aged 65 and older. The vast majority of LTC funds (80%) go to care for individuals with MR/DD (Coleman, 1999). Care for individuals with MR/DD is substantially more expensive than care for non MR/DD elderly.

**Figure 22.**  
**Long Term Care Resource Allocation in Texas**



Source: THHSC, December 1998

Of the approximately \$1.8 billion allocated to LTC for individuals age 60 and older, 61% comes from the federal government and the remainder from State general revenue (THHSC, December 1998). Although Texas expends a substantial amount on community based services, the demand for these services is greater than the supply. The federal government has approved Texas to serve more clients through the HCBC waivers but the State has not allocated the resources necessary to serve additional clients (Weiner, et. al., 1998).

Beginning in the 1990's, Texas increased its effort to improve the current delivery and administration of long term care services. Current state efforts include:

#### Changes at the State Level Impacting Long Term Care

- **STAR+Plus Pilot Project** – Currently operating in Harris County, this Medicaid managed care pilot is designed to integrate delivery of acute and long-term care services covered under Medicaid and Medicare. This project is partially funded by a grant from the Robert Wood Johnson Foundation as part of the Medicare/Medicaid Integration Program (University of Maryland 2000). A status report on this project will be presented to the Legislature in January, 2001. If successful, the program could be expanded to additional service areas or implemented statewide.
- **HCBC Waiver Consolidation** – The State is currently seeking approval from the federal government to start a pilot project that would consolidate 8 HCBC waivers. The goal is to streamline administration of the programs under these waivers which are currently administered by three separate state agencies. This process is also intended to improve service delivery. The state is applying to the federal government to start a consolidation pilot project in 2001.

- Integration of LTC Services (SB 374 -76<sup>th</sup> Legislature) – In 1999 the State Legislature passed SB 374 which seeks the consolidation of all state LTC programs and the administration of these programs under a new agency on aging and disability services. The intent of the legislation is to improve the delivery and administration of services. Additionally, the Health and Human Services Commission, the Department of Human Services and the Texas Department on Aging are directed to assist local communities in developing systems for the delivery of LTC services (Broden and Angel, 1999).

For older adults, the most significant action the state could take is to increase the funds for services provided through HCBC waivers. This would enable more individuals to receive services that support independent living.

Although the federal and state governments play a significant role in making services available to older adults through financing and service systems, they cannot match the contribution of the individuals discussed in the next section.

**Table 15.**  
**Findings and Recommendations**

Findings	Recommendations
<ul style="list-style-type: none"> <li>▪ LTC resources are shifting from institutional care to community based care. However, the vast majority of resources still go to institutional care.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Support federal and state efforts to shift resources to community based services. Lobby the state to increase the slots available through HCBC waivers.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Many individuals do not understand the financing of LTC and are not adequately prepared to access the services they need. Sixty percent of all individuals will at some time need LTC services.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Educate older adults and their families about the options for paying LTC services and how to prepare in advance to protect resources and ensure that sufficient resources are available to purchase services.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Changes in federal financing of Medicaid and Medicare services are negatively impacting the ability of individuals to access community based and in home services.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lobby the federal government to increase the reimbursement levels and allowable expenditures under various programs. Expand and leverage state and local resources to fill the gaps.</li> </ul>

## THE ROLE OF CAREGIVERS

Caregivers are the backbone of the long-term care system. Yet, it is only recently that the term "caregivers" has become integral to the discussions about older adults and long-term care. Caregivers assist older adults with all types of needs, including transportation, house cleaning, cooking, personal care, and health care, for example. There are two types of caregivers: formal and informal. Formal caregivers include individuals who are employed by an agency or take on a formal volunteer commitment through an agency. Informal caregivers are family members or

other laypersons (friends or neighbors) who provide assistance without pay. The focus will be on informal caregivers, as the contribution they make is not considered in the valuation of the formal LTC system.

Traditionally, as individuals aged and were no longer able to care for themselves, family members, friends and neighbors stepped in to help. Chances were that adult children lived nearby and that the daughter or daughter-in-law began to provide help to the older family member in need. Additionally, neighbors knew each other and people generally had stronger ties to their communities. Overall, a solid network of individuals who could provide help to an aging adult existed within a community. Often, elderly parents moved in with their adult children and their families. This was the expectation supported by our cultural and societal norms and our living situations.

A number of transformations in our way of life have changed the nature of providing care. Family and community ties have weakened. Families are spread across the country or the world, unable to readily provide help. In more families than not, both parents work. There are more single parent families juggling work and child rearing. People are working more hours. Despite these changes, family members are still the people most likely to care for older adults, but with greater consequences.

## **CHARACTERISTICS OF INFORMAL CAREGIVERS**

In 1997, there were an estimated 24 to 27.6 million caregivers in the U.S. (Arno, Levine, & Memmott, 1999). There are roughly over 50,000 informal caregivers in Travis County.<sup>11</sup> Caregivers are spouses, adult children, other relatives, friends, and neighbors. If an individual is married, the spouse is the one most likely providing care followed by adult children, usually daughters.

Individuals from racial and ethnic minority groups report a higher incidence of caregiving than the general population, with Asian-Americans reporting the highest (31.7%), followed by Blacks (29.4%), and Hispanics (26.8%) (Tennstedt, 1999).<sup>12</sup>

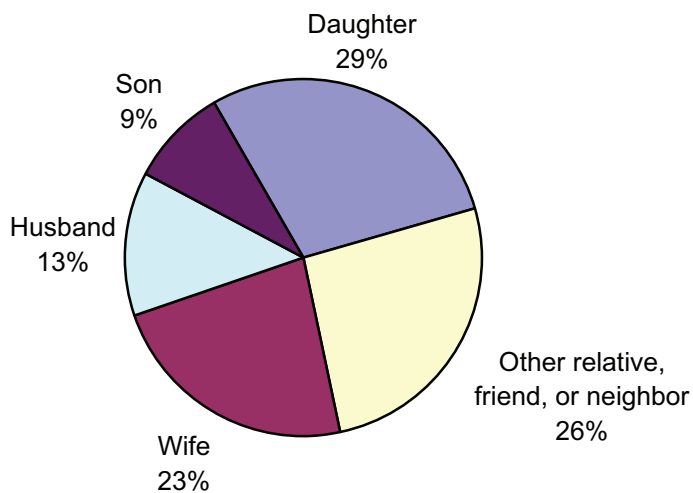
Twenty-five percent of caregivers are between 65 and 75 years of age and another 10% are over 75.

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<sup>11</sup> This estimate is based on a number of sources and is probably lower than the actual number of caregivers. The National Alliance for Caregiving survey found that 23.2% of all U.S. households (with telephones) were caring for someone age 50 or older. The 1990 census (the most recent data available) reported 217,008 households in Travis County with telephones. The result of multiplying the Travis County population estimate by the national percentage 23.2% is 50,346.

<sup>12</sup> Although numerous resources on caregiving are available, the bulk of the information provided here comes from one source, a report on caregiving by Sharon Tennstedt that was presented at the U.S. Administration on Aging Symposium: Longevity in the New American Century, in March of 1999. Tennstedt's report is an up to date detailed review of the research on caregiving.

**Figure 23.**  
**Caregivers in the United States by Relationship to Older Adult**



Source: American Society on Aging, 2000

Twenty percent of caregivers reside with the care recipient, while another 55% live within 20 minutes of the care recipient (Tennstedt, 1999). Twenty (20%) to forty (40%) percent of caregivers are in the “sandwich generation”, caring for both children under 18 and disabled older adult(s) (ASA, 2000).

### **PATTERNS OF CAREGIVING**

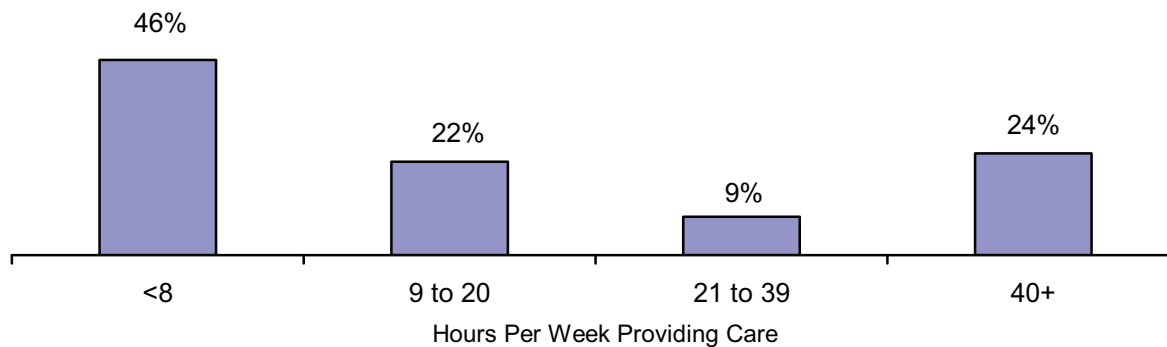
Possibly, the most important pattern to recognize is that, in general, caregiving is reactive, not proactive. Caregivers typically do not anticipate and plan for the need to provide care, and as a result, are caught off guard when the need arises. Additionally, they underestimate the time commitment required. Those expecting to spend six months providing care spent one year, and those expecting to spend one to two years spent four or more years providing care (National Alliance for Caregiving, 1999; Tennstedt, 1999).

One person, the primary caregiver, assumes the majority of caregiving. Support may be provided by a secondary caregiver but this tends to be sporadic and less consistent, or offered only when the primary caregiver is unavailable (Tennstedt, 1999).

Overall, the majority of care is provided by informal caregivers with only a minority using any formal care. Research indicates that care provided by families is stable and that the overwhelming majority of caregivers do not voluntarily exit their caregiving roles. Institutional or community based care may be used to replace informal care in the absence or loss of the primary caregiver, but only temporarily. Most families will resume responsibility for the care when possible (Tennstedt, 1999).

Figure 24 shows the number of hours caregivers spend per week providing care. The majority spend less than 8 hours per week, but almost one-quarter spend more than 40 hours per week.

**Figure 24.**  
**Distribution of Caregiving Hours Per Week in the U.S. - 1996**



Source: Arno, et. al., 1999

Johnson and LoSasso (2000) found that children are more likely to help parents when the parent is in poor health and lacks other social supports, such as a spouse or other adult children. The financial situation of the parent does not appear to impact whether or not children provide assistance. Adult children are more likely to provide care to mothers than they are to fathers.

The type of care provided is correlated to gender. Women are more likely to provide personal care, tend to housekeeping tasks, and prepare meals while men are more likely to provide transportation, attend to home repairs and manage the money (Tennstedt, 1999).

Research shows that the majority of expenditures for both informal and formal care go towards housekeeping, personal care and meals, in that order. This suggests that formal care purchased by caregivers is used to augment the care they provide informally rather than to add more types of support (Tennstedt, 1999).

## **COSTS OF CAREGIVING**

Nationally, it is estimated that informal caregivers provided 22 to 26 billion hours of caregiving in 1997 with an estimated value of \$196 billion.<sup>13</sup>

In comparison, national expenditures for formal home care total \$32 billion and nursing home care \$83 billion. For Texas, it is estimated that 1.79 million informal caregivers provided 1.667 million hours of care valued at \$13.6 billion in

**In 1997, informal caregivers in Texas provided 1.7 million hours of care valued at \$13.6 billion.**

**Arno, et .al., 1999**

<sup>13</sup> This estimate is based on the assumption that there were 25.8 million caregivers providing care valued at \$8.18/hour. The low range estimate for total value is \$115 billion and the high estimate is \$288 billion – depending on assumptions about the number of caregivers and the per hour value of care.

1997 (Arno et. al., 1999). Published estimates of the cost of caregiving are not available for Travis County. However, a rough estimate was derived for this assessment. For Travis County, the estimated number of hours of work hours lost due to caregiving is 360,570 with an estimated value of \$2,621,342.<sup>14</sup>

Many caregivers are employed outside the home – between a third and two-thirds. However, caregiving impacts employment with 9% leaving employment because of caregiving demands (ASA, 2000). In fact, research shows that employed caregivers adjust employment to accommodate caregiving rather than the other way around (Tennstedt, 1999).

According to *Juggling Act*, a study on the caregiving and work dilemma (National Alliance, 1999), 84% of respondents made at least one adjustment to their work schedule to accommodate caregiving.

**Informal caregiving costs the United States \$11-29 billion annually in lost productivity.**

**National Alliance, 1999**

Adjustments include using sick leave or vacation time, decreasing work hours, taking a leave of absence, moving from full to part time work, leaving employment and retiring early. For example, Johnson and LoSasso (2000) found that for men and women between the ages of 53 and 65, 100

hours of assistance to parents in a twelve month period translated into a reduction in annual labor supply of 460 hours. Additionally, many reported passing up career enhancing opportunities such as training or promotions. Consequently, caregiving impacts earnings. Although no definitive number exists, the *Juggling Act* study estimated that the average loss in total wealth over a lifetime was \$659,139 which includes lost wages, Social Security and retirement contributions (1999 dollars). Employees are not the only losers in this deal. It is estimated that employers lose \$11-29 billion annually in lost productivity (National Alliance, 1999).

Caregiving can also exact a toll on physical and mental health. Research indicates that caring for a disabled older adult can increase stress, depression, and morbidity. A study reported in JAMA in 1999 found that caregivers who provide support to their spouse and report stress from providing care are significantly more likely to die earlier than non-caregivers (Schulz & Beach, 1999).

## **CARING FOR CAREGIVERS**

In the last couple of decades, it has become apparent that caregivers need support along with the older adults. Because caregivers are such an important resource, it is essential that any plan that addresses the issues facing older adults includes the issues of caregivers.

Public policy has begun to shift in support of caregivers. The most important change in policy is the passage of the Family and Medical Leave Act (FMLA) of 1993. This federal law requires that certain employers provide 12 weeks of unpaid leave for eligible employees to take care of family members with a serious health condition. Most recently, Congress reauthorized the Older Americans Act which included a new program, the National Family Caregiver Support Services Program. The initial authorization is \$125 million (Email from Francisco Acosta, November 2000).

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<sup>14</sup> Please see Appendix D for the calculation of this estimate.

Additionally, employees may receive help from employers through employee benefit programs. However, the 1998 Business Work-Life Study found that only 23% of companies with 100 or more employees offer resource and referral for elder care. Nine percent (9%) offer long term care insurance, and only 5% make financial contributions to community based elder care programs (Galinsky & Bond, 1998).

## TRENDS AND THE FUTURE OF CAREGIVING

A number of societal trends are impacting the ability of families to provide care for older adult relatives. These issues are important to consider in planning for the future.

Trends Impacting Caregiving
<ul style="list-style-type: none"> <li>▪ Rise in the number of divorces and remarriages - Increases the complexity and obligation of familial relationships – more parents have responsibilities to more than one set of children. Increases the likelihood that those starting a second family will be caring for both young children and older adults concurrently.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Increase in geographic mobility and long distance caregiving - Relatives are less likely to live close by and may not be familiar with resources in the community where older adult resides. Managing the care of older adult from long distance is much more difficult. May necessitate increased reliance on formal caregiving that, in turn, may increase the personal financial burden.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Decrease in family size - Fewer relatives available to care for older adults. If primary caregiver is unavailable, there are fewer options for a secondary helper to assume responsibilities.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Increase in delayed child bearing - Contributes to the rise in number of sandwich generation caregivers with responsibility for both young children and older adults.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Increase in the number of women in the workforce - As most caregivers are women, this will serve to increase the strain as women try to balance work, family, and caregiving. It also means that more families may have to turn to formal caregiving to meet their needs (ASA, 2000; Johnson, et.al., 2000).</li> </ul>

## Current Efforts

**Respite** - The Texas Department of Human Services (TDHS) and the Area Agency on Aging (AAA) of the Capital Area currently offer respite care, allowing caregivers to take a break from caregiving. An exact number of Travis County residents receiving services is not available. However, in 1998, TDHS served 8,800 individuals per month (includes those caring for older adults and disabled individuals in Region 7, a 30 county area, which includes Travis County). In 1999, the AAA served two people.<sup>15</sup>

<sup>15</sup> The Area Agency for the Agency stated that the low number served is not due to funding or a lack of need, but rather the fact that caregivers are sometime wary of hiring someone, even for a few hours, to care for their loved one. Outreach and education may increase the numbers, as may the recent passing of the Older Americans Act, which contains an initiative on caregiving.

**Caregiver Support Groups** - Four groups serve the Austin/Travis County area, some of which are specifically for individuals caring for those with Alzheimer's.

**Other Services** - A number of other non-profit agencies provide services that assist caregivers by providing direct client services. Such services include transportation, home delivered meals, home health aides, and homemakers. (See Appendix A for more information.)

**Table 15.**  
**Findings and Recommendations**

Finding	Recommendation
<ul style="list-style-type: none"> <li>Many caregivers of older adults are older adults themselves. Caregiving stress for older adults can be life threatening.</li> </ul>	<ul style="list-style-type: none"> <li>Recognize the needs of older adult caregivers. Ensure that sufficient programs are available to provide support and assistance such as in home and respite care.</li> </ul>
<ul style="list-style-type: none"> <li>Caregiving is reactive not proactive and caregivers underestimate the amount of time required and the impact on their lives.</li> </ul>	<ul style="list-style-type: none"> <li>Provide information to potential caregivers about planning for the need to provide care to an older adult. Planning should include recognizing the impact on employment and family life and the need to anticipate necessary adjustments.</li> </ul>
<ul style="list-style-type: none"> <li>Caregiving exacts a high cost on employment resulting in lost work time and wages.</li> </ul>	<ul style="list-style-type: none"> <li>Encourage employers to offer more family friendly benefits including support related to eldercare.</li> </ul>
<ul style="list-style-type: none"> <li>A number of societal trends are impacting the ability of families to provide care for older adults. As the number of older adults increases the need for caregiving will increase accordingly.</li> </ul>	<ul style="list-style-type: none"> <li>Community planning should address the changes in population size and societal trends when developing plans for providing services to ensure that the capacity is available to meet the need.</li> </ul>

## Best Practices

Several programs around the country are considered “best practices” in providing support to family caregivers.

- California: Caregiver Resource Center
- New Jersey: Statewide Respite Program
- New York: Consumer and Family Support Services
- Oregon: Lifespan Respite Care Program
- Pennsylvania: Family Caregiver Support Program

These programs all share certain key characteristics that are considered essential to supporting caregivers:

- The term caregiver is recognized in state statute

- Each program offers a range of service options
- The caregiver is the client
- Assistance is available to middle and low income families
- Programs employ wide eligibility criteria (Feinberg and Pilisuk, 1999)
- Caregivers have identified services that are helpful:
  - Information about and referral to available services
  - Individual counseling
  - Support groups
- Training to help families with decision making and problem solving related to caregiving (AOA, 2000, *Caregiver Support*)

## THE ROLE OF THE LOCAL COMMUNITY

The contribution at the local level to care and support for older adults is a critical piece of the system. The funds and services described in this section help fill in the gaps in services that are not covered by other resources.

A comprehensive assessment of the community's investment in services for older adults is not available. Most agencies collect information by type of service provided, not by population served. Also, many times, services for older adults are combined with services for individuals who are disabled. Thus, the information provided here does not provide the complete picture.

Table 16 shows a sample of public and private non-profit investments totaling more than \$2.8 million during the 1999-2000 fiscal year (includes both amounts for services provided directly to individuals and those purchased from other service providers). Despite this seemingly large investment, providers must turn away individuals needing services due to a lack of capacity. Many providers have waiting lists for services.

**Table 16.**  
**Older Adult Services Investments by Selected Major Investors – 1999 to 2000**

Funding Agencies	Annual Expenditures	Percent
City of Austin Direct Services (Parks & Rec Senior Svcs*)	\$2,207,763	77%
Austin and Travis County Joint Social Service Contracts**	\$128,680	5%
Travis County Direct Services (RSVP)	\$284,191	10%
United Way/Capital Area***	\$234,000	8%
TOTAL	\$2,854,634	100%

\*Includes Senior Activity Centers, Transportation Services, Congregate Meals Program, Old Bakery and Emporium, and Employment Program. \*\*Contracts with Family Eldercare and Services for the Elderly - 12 months.

\*\*\*Includes Meals on Wheels and Family Eldercare.

These funds purchase a range of services that address the needs of older adults, including respite care, employment assistance, guardianship, transportation, and social activities. This figure does not reflect the millions of dollars worth of volunteer time that is dedicated to programs that serve older adults. In addition, many programs are not specifically designated as “elderly” programs,

even though a percentage of the population they serve includes the older adult population. For example, Austin/Travis County MHMR Center does not have programs that specifically target the older adult, although some of their clients are older adults. The figures shown represent programs that are specifically for older adults in Travis County.

Additional investors include State and Federal agencies, as well as local non-profit, faith based, and public/private partnerships. These include, but are not limited to:

- **Area Agency on Aging of the Capital Area** – The Agency on Aging receives funds from the Texas Department on Aging (through Title III of the Older Americans Act), the USDA, and some state General Revenue funds. The total amount that they spend in Travis County is \$777,417. This includes funding for transportation, home delivered meals, case management, personal assistance, legal assistance, and benefits counseling, all of which are services provided through contracts with local providers (This does not include rural transportation services provided by CARTS).
- **Capital Metro** –Special Transit Services spent \$7,754,000 in FY2000, providing 500,824 trips for elderly and disabled City of Austin residents. Capital Metro also spent approximately \$63,892 in 1999 for half-priced transportation passes, and gave away approximately \$206,280 in free transportation passes to clients of all ages (distributed through the United Way/Capital Area).
- **Meals on Wheels and More** – Provides a variety of in home services to home bound individuals and older adults including home delivered meals, daily phone calls, rides to medical appointments, grocery shopping assistance and minor home repair. In 2000, approximately \$2,087,000 was budgeted for all services.
- **Family Eldercare** – Family Eldercare operates a variety of community-based services and develops partnerships supporting older adults and people with disabilities. In 1999, they spent \$2,071,769 on Guardianship, In-Home Care, Aging in Place, Eloise’s House, the Summer Fan Drive, Consultation and Referral, Elder Shelter, and Texas Money Management Programs.
- **Faith based organizations** - faith-based organizations also provide assistance to older adults. It is not possible at this time to identify the amount of aid they provide.
- **Services for the Elderly** - Homemakers or home health aides assist in cooking, cleaning, personal care and medication reminders for low-income clients. Services for the Elderly had a total annual budget of \$2,013,000 in 1999. Approximately 49% of this total budget is budgeted for the Primary Home Care/Family Care program, which is devoted primarily to serving the elderly population.
- **Housing Authority of the City of Austin (HACA)** – Approximately 15% (388) of HACA Section 8 housing vouchers are used by people age 62 and over. Older adults live in approximately 20% (300) of HACA’s family public housing units. Of these 300 units, one-third are in apartment complexes designated for elderly & disabled individuals. HACA’s annual budget for Section 8 vouchers is \$19,286,920 and \$7,997,204 for Public Housing Units.

Again, this is just a sample of the investment being made in Austin and Travis County. As evidenced in the current efforts sections throughout this report, numerous organizations and services exist to support this group. For a comprehensive list of organizations and services, see Appendix A. The Current Efforts Table offers information about community based,

governmental and private programs that are serving older adults. One large group of providers not included is faith based organizations. They play a significant role in providing basic needs such as food and clothing to older adults and others in the community.

## **VI. HOW CAN THE COMMUNITY BEST SUPPORT AND CARE FOR OLDER ADULTS?**

No matter where an individual is on the aging continuum today, eventually

the majority will be faced with decisions about how to maintain quality of life and how to get the care they need as they age. The community as a whole plays a role in these decisions. By understanding the issues and needs facing older adults and by planning to address those needs, the community can impact the decisions older adults and families have to make. The choices the community makes today will impact every citizen.

The purpose of this chapter is to suggest steps the community can take to plan for the changes in the older adult population. Possibly the most important step the community can take now is to establish a community planning body charged with developing and implementing a comprehensive community wide plan to meet the needs of the older adult population. In order for this to be successful, it will require a serious commitment from all community stakeholders – government, service providers, advocates, caregivers and older adults. Ideally, the information in this report will serve as the starting point for the comprehensive plan.

This plan should address the two key points of this report. First, older adults want to live as independently as possible in their own homes. Second, the older adult population is increasing and the composition is changing. The expected shift in composition will produce three changes. There will be more individuals over age 75, more individuals needing assistance with ADLs, and more individuals from subsets of the population that traditionally have fewer economic resources and poorer health outcomes. Combined, these three factors mean that over time, the level and complexity of care needed could increase for a significant portion of the population.

To address the key points, a comprehensive plan should focus on:

- Identifying and implementing strategies that prevent and delay disability.
- Ensuring the availability and accessibility of community based care and in home supports.
- Advocating for shifting resources to support community based services.
- Expanding and leveraging resources to meet the increasing need.

In an ideal world, older adults and caregivers would be able to access a seamless array of community based services that meet their needs. A comprehensive community plan could focus on how to strengthen what is in place today and how to build upon it to create a more seamless system. Table 17 shows an ideal continuum of care and recommendations for improving the current system.

**Table 17.**  
**Older Adult Service Continuum**

Service	Recommendations
<ul style="list-style-type: none"> <li>Information and Referral (I&amp;R) - Both older adults and their caregivers could benefit from a centralized I &amp; R system as indicated by responses to both local surveys.</li> </ul>	<ul style="list-style-type: none"> <li>A centralized I &amp; R system is important for older adults who do not have the capacity to navigate the complex service system. It is equally important for caregivers who do not have the time or knowledge to search for services. Although First Call for Help is an important step towards meeting this need, I &amp; R that is specific to the needs of older adults may be necessary. Caregivers need a clearinghouse of qualified and reputable service providers – public and private.</li> <li>See Red Tape Cutter program under Best Practices in this section. This program offers one stop easy eligibility determination for older adults living in Chicago.</li> </ul>
<ul style="list-style-type: none"> <li>Case management to help identify the needs of older adults and help them connect to the services they need. When used appropriately, this service can support the efficient use of resources and prevent the need for more expensive services.</li> </ul>	<ul style="list-style-type: none"> <li>There is a need to expand the supply of affordable case management services. As the population size increases the need for this service is likely to increase.</li> </ul>
<ul style="list-style-type: none"> <li>Community Connections               <ul style="list-style-type: none"> <li>✓ Senior Activity Centers</li> <li>✓ Opportunities for learning</li> <li>✓ Volunteer opportunities</li> <li>✓ Opportunities for employment</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Currently, an array of services exists to maintain and strengthen community connections for older adults. However, lack of dependable transportation makes it difficult for individuals to access what is available. More can be done to support employment for older adults and to educate the public and employers about the skills of older adults. The recent change in rules regarding Social Security benefits and earned income may make employment more appealing for many older adults.</li> </ul>
<ul style="list-style-type: none"> <li>Food and Nutrition Support</li> </ul>	<ul style="list-style-type: none"> <li>Only a small percentage of individuals that qualify for food stamps are currently accessing this service. Increasing connections to this benefit may be a good first step.</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Please see section of report on Food/Nutrition for specific findings and recommendations.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Housing and Home repair/modification</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improving the delivery of and increasing the availability of home modification services could be a critical first step. Consider centralized services as identified in best practices under Housing and Home Modification.</li> <li>▪ Please see the section of report on Housing and Home Modification for specific findings and recommendations.</li> </ul>
<ul style="list-style-type: none"> <li>▪ In home supports <ul style="list-style-type: none"> <li>✓ Housekeeping/chores</li> <li>✓ Meal delivery and preparation</li> <li>✓ Personal care assistance: bathing, dressing, etc.</li> <li>✓ Home health – managing medications and chronic illnesses</li> <li>✓ Grocery shopping</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Two issues seem to be paramount for accessing in home support: cost of services and reliability of service providers. Cost is an important issue for those who do not qualify for public aid but do not have the personal financial resources to pay out of pocket. Changes in federal policy are negatively impacting the ability of individuals to receive home care services. Anecdotal evidence indicates a problem with reliability/dependability among some home care workers.</li> <li>▪ First step is to lobby the state legislature to increase spending for community based services provided through HCBC waivers. This will decrease the strain on local resources and/or allow local resources to be concentrated in areas not covered by state or federal programs.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Medical Care <ul style="list-style-type: none"> <li>✓ Short term supports for recuperating and regaining independence</li> <li>✓ Affordable/accessible medical care</li> <li>✓ Help with prescription drugs</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ The greatest concern in this area is the decline in the number of physicians who are willing to accept Medicare/Medicaid assignment as well as the decline in the availability of managed care services. This is threatening access to primary care the resource that is most critical for preventing more costly care.</li> <li>▪ Align with and provide support to groups that are lobbying the federal government for adjustments to the Medicare benefit.</li> </ul>

	<ul style="list-style-type: none"> <li>Identify ways to connect older adults with public programs such as the prescription drug assistance available through City/County.</li> </ul>
<ul style="list-style-type: none"> <li>Transportation <ul style="list-style-type: none"> <li>✓ Wheelchair accessible</li> <li>✓ Trip escorts</li> <li>✓ Capacity to meet the need</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Work with existing planning group (through Capital Metro) to address the needs in this area.</li> <li>Please see section of report on Transportation for specific findings and recommendations.</li> </ul>
<ul style="list-style-type: none"> <li>Protections from Abuse, Neglect &amp; Victimization <ul style="list-style-type: none"> <li>✓ Legal information – low cost legal assistance</li> <li>✓ Money management</li> <li>✓ Guardianship</li> <li>✓ Protective services</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Strengthen recruiting efforts to attract additional volunteers to serve as money managers and guardians to help meet the current need.</li> <li>Please see the section of report on Victimization for specific findings and recommendations.</li> </ul>
<ul style="list-style-type: none"> <li>Respite care for caregivers</li> </ul>	<ul style="list-style-type: none"> <li>Work with local employers to expand employer provided benefits to include eldercare.</li> <li>Please see section of report on Caregivers for specific findings and recommendations.</li> </ul>
<ul style="list-style-type: none"> <li>Day care including care for individuals with dementia</li> </ul>	<ul style="list-style-type: none"> <li>A particular need exists for day care for individuals with dementia. As with other services, individuals without public aid or extensive personal resources are hardest hit by out-of-pocket costs for services.</li> <li>These resources need to be expanded. Could be addressed through increased resources at the State level.</li> <li>See Stride Rite Corporation under best practices in this section.</li> </ul>

Other communities have developed planning processes to address the needs of older adults. These plans may be useful in guiding the development of a local plan. A good example of a strategic plan is the one developed by the United Way of Allegheny County, Pennsylvania. Additional resources include those that currently exist in the community. Consideration should be given to tapping the resources that can be found through the following groups.

- The Interagency Council on Aging organizes monthly information sessions for service providers and the general public.

- Several local non-profit service providers meet monthly and are working to improve service coordination among participating agencies. This group has developed a common intake form used by all the agencies and has developed policies for referring clients to one another.
- A local Community Resource Coordinating Group for older adults is spearheaded by Austin/Travis County Mental Health and Mental Retardation. This group meets monthly to address the needs of specific clients needing services.

As indicated throughout this report, communities all over the country have developed successful programs to serve older adults. These programs could be replicated in Austin and Travis County. For community planners, reconsidering the ways services are delivered can improve the conditions for older adults. The ideas outlined below are ways the community could improve the support for independent living.

## **Best Practices**

### ***Chicago Department on Aging - Red Tape Cutters Program***

This program improves access to services for individuals age 60 and older. Individuals complete one application to determine eligibility for more than 40 city, state and federal benefits such as energy assistance, Food Stamps, Medicare and home weatherization. The Chicago Department of Aging reviews the application and mails the applicant a computer printout of all the programs for which he/she is eligible. Information on programs and how and where to apply for benefits is included. Application is available on line or may be mailed to the applicant.

### ***Assisted Living***

Assisted living can be defined and implemented in a number of ways. It is an increasingly popular alternative to nursing home placement for older adults. Assisted living can be a place where an individual lives, or it can be a program to help someone stay in his/her own home. Assisted living facilities are places where older adults can live independently while receiving support such as meals, health care services, and help with ADLs as necessary. Alternatively the same supports can be provided to an individual in his/her home removing the need for placement in a facility. In recent years, Texas has seen a rapid rise in the number of privately funded assisted living facilities. While these provide an important alternative to individuals who are financially comfortable, they are not an option for low income older adults (Latimer). Nationally, the median cost to live in an assisted living facility is more than \$2,500 a month (*Providing an Affordable Continuum*, 2000).

### ***Coming Home Program***

A national collaboration between the Robert Wood Johnson Foundation and NCB Development Corporation, this program offers grant support, technical assistance and loans to states to develop affordable assisted living programs linking with health care systems. Specific focus is on developing models for small and rural communities with limited resources. For more information visit [www.rwif.org](http://www.rwif.org).

### ***Naturally Occurring Retirement Communities (NORCs)***

NORCs are another way to address the needs of seniors. These are places, buildings or neighborhoods, where at least 50% of the residents are over age 60 (AAAs 1995). While not formally a housing option, NORCs can be a way to improve the likelihood an individual can stay in his/her own home. Identifying and using NORCs offer many advantages:

- Service providers can efficiently access and serve a larger group of people
- Agencies can collaborate to improve efficiency and effectiveness of service delivery
- Possible areas for locating on site or neighborhood based services
- Improve service planning
- Opportunities to build upon the strengths of a community such as neighbor to neighbor support (AAAs 1995).

### ***Project Care – San Diego, CA***

Supports frail older adults in living independently and feeling secure. This program has several components:

- *Postal Alert:* Postal carriers are trained to keep a watchful eye on older residents. If mail is not collected from mailboxes, carriers will check on residents and report problems.
- *Daily Calls:* Computer generated phone calls at a time selected by the client. If call is not answered, volunteers make follow up calls.
- *Gatekeeper:* Utility workers and sanitation engineers keep an eye on older adults by recognizing signs of trouble such as uncollected newspapers or garbage not set out on collection day. Concerns are forwarded to proper agency.
- *Health Care Info:* Older adults receive a medical information box that affixes to refrigerator. Box contains medical history info, medication records and other health related data. The information is used by paramedics responding to emergencies in a client's home.
- *Home Repairs:* Volunteers and local businesses help make minor home repairs that support health and safety.
- *Safe Return:* A national program of the Alzheimer's Association, Safe Returns helps local authorities locate, identify and return home individuals with dementia.

For more information contact 800-510-2020.

### ***Spokane County Elderly Services***

Helps isolated older adults maintain their independence. Program offers individually tailored services to address the specific needs of persons at risk of institutionalization. The agency coordinates with the local AAA and the local mental health agent to provide the appropriate array of services. Referrals are made through the local gatekeeper program, families, physicians and other medical personnel. Ninety-five percent of all services are provided in the home. On average, Elderly Services enables clients to stay independent for an additional 22 months.

For more information call 509-458-2509 or visit  
[www.ksg.harvard.edu/innovations/winners/eswa92.htm](http://www.ksg.harvard.edu/innovations/winners/eswa92.htm).

## ***Day Care for Children and Older Adults***

Stride Rite Corporation of Cambridge, MA is a privately developed joint facility for child care and adult day care that provides opportunities for young and old to participate in shared activities. It also fosters sense of community rather than separating segments of the population.

The decisions this community makes today with regard to services for older adults will have an impact for decades. The local community can identify and implement strategies for improving the ability of older adults to maintain well-being and independence. Doing this can save public dollars by decreasing the number of poor outcomes for individuals who do not receive the support and resources they need. Honoring the wishes of older adults to live independently respects the right to self-determination, improves cost efficiency and supports community connections.

## **VII. RECOMMENDATIONS**

It is difficult to prioritize any one issue as being more important than another - all the issues are interconnected. Food and nutrition impact physical and mental well-being. Transportation impacts access to every other service. However, it is not prudent or possible to tackle all of the issues at the same time. Therefore, it is recommended that, of all the recommendations in the assessment, the following three issues be addressed first.

### **1. COMPREHENSIVE PLAN**

Possibly, the most important step the community can take now is to establish a community planning body charged with developing and implementing a comprehensive community-wide plan to meet the needs of the older adult population. This plan should address the two key points of this report. First, older adults want to live as independently as possible in their own homes. Second, the older adult population is increasing and the composition is changing. The level and complexity of care needed by older adults is likely to increase and the community would be well served to plan now for this increase.

A comprehensive plan should:

- Identify strategies that prevent and delay disability.
- Ensure the availability and accessibility of community based care and in home supports.
- Advocate for shifting resources to support community based services.
- Expand and leverage resources to meet the increasing need.
- Create a seamless continuum of services.
- Prioritize issues to be addressed. Based on information collected for this report the issues of transportation and housing (including repairs and modifications) should be addressed first.

### **2. HOUSING**

A service provider focus group conducted as a part of this process identified affordable and accessible housing as the single most important issue facing older adults. In addition, a local survey of older adults found that home repair and modification is top on the list of services they need.

Addressing the housing needs of older adults requires making housing safer and affordable. Planning in this area should also address this report's finding that local home repair and modification programs are overburdened and uncoordinated. Consideration should be given to developing centralized home modification and repair services.

### **3. TRANSPORTATION**

Focus group participants and respondents to surveys conducted as part of the assessment also identified transportation as a critical issue for older adults in this community. Existing transportation services are not coordinated or centralized. To improve current services, consideration should be given to developing a centralized dispatch for transportation services. An alternative is to create a tiered system in which each transportation provider addresses the needs of certain groups. For example, transportation services could be organized according to the destination of the older adult, or by their level of ability/disability. This would help reduce overlap in services and increase efficiency. Efforts to improve transportation should be coordinated with existing public and non-profit providers currently working on this issue.

### **SUMMARY**

The Austin American-Statesman identified addressing the needs of older adults as a top priority for our community in 2001. The Aging Services Environmental Scan (ASES) is a resource for the community to use in addressing the needs of older adults. While more research needs to be conducted to fully understand the needs of older adults, the information in this report is intended to help prepare the community for meeting the needs of this growing population.

# APPENDICES

## APPENDIX A: PARTIAL SUMMARY OF CURRENT TRAVIS COUNTY AGING SERVICES EFFORTS

Current Effort	Total Dollar Amount	Number Served	Public; Private; Public/Private Collaboration
<b>SUPPORT SERVICES</b>			
<b>ADULT DAY CARE</b>			
AUSTIN GROUPS FOR THE ELDERLY - ELDERHAVEN ADULT DAY CARE Provides services on a daily or regular basis; funded by the Texas Department of Human Services. Includes personal care services, meals and snacks, medical services, and recreational and social activities.	\$367,000 in 1999	70 in 1999	Private non-profit
FAMILY ELDERCARE - ELOISE'S HOUSE A day program for persons with Alzheimer's and related disorders. Provides therapeutic recreation and social activities. Services provided on a sliding fee scale.	\$104,951 in 1999	43 served in 2000	Private non-profit
<b>HOSPICE (MEDICAID/MEDICARE APPROVED)</b>			
FAMILY HOSPICE Provides pain control, symptom management services, and medically directed care.			Private non-profit
HOSPICE AUSTIN Provides comprehensive care for terminally ill patients and family at home, in nursing facilities, or at Christopher House. Serves Travis and surrounding counties.			Private non-profit

IN-HOME SUPPORT AND CAREGIVER SUPPORT			
AREA AGENCY ON AGING OF THE CAPITAL AREA Provides multiple care and support services in the Austin/Travis County area, including case management, health maintenance, respite care, homemaker services, and meal provision.	\$59,462 in FY 1999	1999: Personal Assistance: 19 people Case Management: 83 people Respite Care: 2 people Homemaker: 66 people Emergency response: 19 people	Public
FAMILY ELDERCARE - IN-HOME SERVICES Provides personal assistance services and homemaker services for people living alone as well as caregiver support services. Fees are charged based on household income. Program is a Texas Department of Human Services licensed provider.	\$616,354 in 1999	234 clients in 1999 Current waiting list: 12	Private non-profit
FAMILY ELDERCARE – AGING IN PLACE CASE MANAGEMENT AND MONEY MANAGEMENT SERVICES Links older adults with services in the community to help them stay independent in their own homes and provides volunteer money managers to older adults and adults w/disabilities.	\$143,360 in 1999	111 clients in 1999	Private non-profit
MEALS ON WHEELS AND MORE CARE CALL- a telephone reassurance program that checks in with clients via phone calls. GROCERIES TO GO- matches clients with a volunteer who can take them shopping or shop for them.	\$28,000 budgeted for 2000 \$25,000 budgeted for 2000	304 clients in 1999 118 clients in 1999	Private non-profit
SERVICES FOR THE ELDERLY, INC. PRIMARY HOME CARE/FAMILY CARE PROGRAM Homemakers or home health aides assist in cooking, cleaning, personal care and medication reminders for low-income clients.	\$2,013,000 total annual budget in 1999. Approximately 49% of this total budget is for the Primary Home Care/Family Care program.	No waiting lists.	Private non-profit

<p>TEXAS DEPARTMENT OF HUMAN SERVICES</p> <p>COMMUNITY CARE FOR THE AGED AND DISABLED</p> <p>Provides a wide range of community based services intended to prevent early nursing home placement. For a complete list of services, see <a href="http://www.dhs.state.tx.us/publications/refguide/sec2-1">www.dhs.state.tx.us/publications/refguide/sec2-1</a>.</p> <p>COMMUNITY BASED ALTERNATIVES PROGRAM</p> <p>Provides an array of services to older adults and individuals with disabilities including personal assistance, adaptive aids, medical supplies, adult foster care, assisted living/residential care, nursing, rehabilitative therapies, respite care, emergency response, and minor home modifications. Clients must have a medical need to receive services and be Medicaid eligible.</p>	\$21,391,555 in FY 1999*	FY 1998: 8,808 clients per month (Region 7 older adults and disabled combined)	Public
<b>SUPPORT GROUPS</b>			
<p>ALZHEIMER'S ASSOCIATION</p> <p>Offers support groups at various times and locations around Austin/Travis County.</p> <p>ST. DAVID'S NORTH AUSTIN SENIOR HEALTH CENTER</p> <p>Alzheimer's Group meets in concurrent sessions. Also offered are Changing Seasons and Caring for the Caregiver groups.</p> <p>SOUTH AUSTIN HOSPITAL</p> <p>Alzheimer's Caregivers and Family Group meets the second Tuesday of each month.</p> <p>Grief Recovery Group meets the first Thursday of each month.</p> <p>VOLUNTEER CAREGIVERS ASSOCIATION OF AUSTIN</p> <p>WEST AUSTIN CAREGIVERS</p> <p>Offers As Parents Grow Older, a monthly support group at Tarrytown Methodist Church</p>			Private non-profit
<b>HOME DELIVERED MEALS</b>			
<p>AREA AGENCY ON AGING OF THE CAPITAL AREA</p> <p>Home Delivered Meals program</p>	\$180,718 in FY 1999	1999: 318 people 50,290 meals	

MEALS ON WHEELS AND MORE Provides five hot and one frozen home-delivered meals per week to homebound persons. There is a long-term program and a short-term/emergency program for those recovering from an illness or hospital stay for up to six weeks.	\$2 million budgeted for 2000	2,675 in 1999	Private non-profit
VOLUNTEER CAREGIVERS ASSOCIATION OF AUSTIN Volunteer caregivers provide a variety of services to adults 60 and older, including meal delivery. They are organized to serve designated areas and neighborhoods of the city. The following association provides this service: South Austin Caregivers.			Private non-profit
<b>CONGREGATE MEALS</b>			
AREA AGENCY ON AGING OF THE CAPITAL AREA Provides congregate meals through the City of Austin Parks and Recreation Department Senior Lunch Program.	\$409,854 in FY 1999	1999: 2,396 people; 153,453 meals	Public
CITY OF AUSTIN PARKS AND RECREATION DEPARTMENT SENIOR LUNCH PROGRAM The Lunch program is open to anyone age 60 or older, Monday-Friday. Transportation to and from the sites can be arranged by phone. Travis County Health and Human Services houses the Lunch program at 6 community centers 2 to 3 days per week.	City of Austin: \$409,854		Public
<b>HEALTH SERVICES</b>			
AREA AGENCY ON AGING OF THE CAPITAL AREA HEALTH MAINTENANCE PROGRAM Provides durable medical equipment to eligible clients.	\$1,360 in FY 1999	1999: 16 people received a minimum of one piece of equipment.	Public
AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT Primary care services are provided in several clinics throughout the city and county to Austin/Travis County residents who are uninsured, underinsured, insured by Medicare or Medicaid, or are eligible for the Medical Assistance Program (MAP).	City of Austin and Travis County \$4,756,641 FY 2001		Public

PEOPLE'S COMMUNITY CLINIC Primary healthcare provider for underserved and low-income Austin residents. Fees are sliding scale; Medicaid and Medicare are accepted.		1999: 508 clients w/Medicare 2000 to date: 662 w/Medicare	Private non-profit
PAVILION AT ST. DAVID'S Provides Older Adult Services for people aged 55 and older. Offers comprehensive assessment, treatment and/or diagnostics for depression, mood disorders, adjustment disorders of aging and dementia.			Private
ST. DAVID'S SENIOR HEALTH CENTER Provides primary health care designed exclusively for seniors over the age of 65. Also provides case management, support groups, and nutrition counseling.			Private
SETON SENIOR HEALTH CENTER "One-stop shopping" for health services including lab testing, X-rays, nutritional counseling, case management and health/wellness classes.		Currently serving approximately 700 clients	Public/Private Collaboration
SETON GOOD HEALTH CLUB For persons 65 and older. Offers a variety of services including transportation for hospital stays, low-cost classes, and discounts on medical equipment.	\$20,000/year	12,000 members of Good Health Club	Private
SETON SHOAL CREEK HOSPITAL Offers a senior adult program specializing in psychiatric problems such as depression, dementia, Alzheimer's disease, and hostile aggressive behavior.	Insurance/Medicare pays Seton approximately \$550 per day per client for inpatient services (about \$300 less than retail cost).	In FY 2000, served 103 inpatients age 65 and older, and 11 outpatients age 65 and older, for a total of 114. No waiting list.	Private
<b>LEGAL SERVICES AND PUBLIC SAFETY</b>			
<b>LEGAL SERVICES</b>			
BROOKE ELEMENTARY SCHOOL- LEGAL CLINIC Volunteer attorneys are available for free consultation for low-income residents of Travis County on Mondays 7:00-9:00 p.m.			Public/Private collaboration

DISPUTE RESOLUTION CENTER Trains volunteers to help people resolve conflicts without legal action. There is a sliding scale fee that usually averages \$10.				Private non-profit
ELDERLAW (Assistant Attorney General's office) Referral service that assists with consumer complaints and takes legal action in cases referred by the Texas Department of Human Services.				Public
FAMILY ELDERCARE GUARDIANSHIP AND MONEY MANAGEMENT PROGRAM Provides bill payment or representative payee services for individuals needing assistance with managing financial affairs. Operates local guardianship program for individuals without family or other appropriate individuals to serve as guardians. Both programs use trained volunteers.	\$1,017,357 in 1999 (Guardianship) \$46,549 in 1999 (Money Mgmt)	2000: Guardianship: 226 Waiting list: 22 Money Management: 74 Waiting List: 11		Private non-profit
LEGAL AID OF CENTRAL TEXAS SENIOR LAW PROJECT Provides legal services and advice on civil matters only to low-income persons over the age of 60.	Average of \$9,000 annually from CAPCO			Private non-profit
LEGAL HOTLINE FOR OLDER TEXANS A project of the Texas Legal Services Center that offers legal advice and referrals to low-income Texans aged 60 and older.				Public
WOMEN'S ADVOCACY PROJECT LEGAL HOTLINE Provides statewide legal counseling and referrals to attorneys as needed. This hotline serves women, and specializes in services for victims of domestic violence.				Private non-profit
<b>PUBLIC SAFETY SERVICES</b>				
AMERICAN ASSOCIATION FOR RETIRED PERSONS (AARP) 55 ALIVE A safe driving program designed for drivers aged 55 and older. Consists of two 4 hour courses at a cost of \$10 per course and provides a 10% discount on car insurance.	\$2,170 in instructor costs	1999: 1,236 students 93 classes taught		Private non-profit

TEXAS DEPARTMENT OF HEALTH SAFE RIDER PROGRAM FOR OLDER ADULTS Provides presentations on occupant, driver, pedestrian, and bicycle safety and the importance of an active lifestyle.				Public
TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES – ADULT PROTECTIVE SERVICES DIVISION Investigates abuse, neglect and exploitation of the aged and disabled.			In FY 1999, Adult Protective Services investigated 1,733 cases of alleged abuse, neglect and exploitation of older and disabled adults in Travis County, with 966 cases confirmed.	Public
TRIAD A national cooperative effort between law enforcement agencies and senior citizens. Triad provides the opportunity for the exchange of information between law enforcement and senior citizens. It focuses on reducing unwarranted fear of crime and improving the quality of life for seniors. A senior advisory council governs Triad.	No budget for this program – all services are provided by volunteers.		During 1999, SALT members made 17 presentations reaching a total of 600 seniors. Additionally, SALT had informational booths at community fairs and AARP activities reaching an additional 900 people.	Volunteer/ Public
SENIORS AND LAW ENFORCEMENT TOGETHER (SALT) Senior advisory members partner with law enforcement officers to give presentations to senior centers, churches, and other senior citizen groups to teach seniors how to be safer in their communities.				
<b>FINANCIAL RESOURCES</b>				
AREA AGENCY ON AGING OF THE CAPITAL AREA Provides benefit-counseling services to older adults in Central Texas. Activities can include assistance with Social Security and/or completion of insurance claims forms.	\$34,023 in FY 1999		FY 2000: 334	Public
TRAVIS COUNTY EMERGENCY ASSISTANCE PROGRAM Provides financial assistance with food, rent, utilities, and housing repairs. Emergency Assistance Programs are housed at Travis County Community Center locations.	Total Program cost for FY 2001 is approximately \$2,838,551		In FY 1999, approximately 5% of more than 20,000 clients were elderly (1,000).	Public

TRAVIS COUNTY HEALTH AND HUMAN SERVICES AND VETERANS SERVICES - VETERAN'S SERVICE OFFICE Helps veterans and their dependent families apply for benefits, file claims, clarify, and access services.	Total Program cost for FY 2001 is approximately \$273,000.	Of the 23,001 total veteran clients served, 27.2 % (or 6,261) are elderly.	Public
<b>HOME REPAIR AND HOUSING</b>			
<b>HOME REPAIR</b>			
AUSTIN METROPOLITAN MINISTRIES HANDS ON HOUSING Provides free home repair to low-income elderly or disabled homeowners.	\$150,000 in FY 1999-2000	Renovates 50-75 homes per year. Approximately 70% of their clients are elderly (65+). No waiting list is maintained.	Private non-profit
AUSTIN AREA URBAN LEAGUE Provides free emergency home repairs, including roofing, plumbing, and wiring on owner occupied homes. Serves low to moderate-income city of Austin residents.	\$500,000 in 1999.	AAUL serves approximately 600 households a year. 64% of their clients are elderly. They currently have 80 people on the waiting list for roofs.	Private non-profit
AUSTIN RESOURCE CENTER FOR INDEPENDENT LIVING (ARCIL) Provides counseling and follow up for elderly and disabled persons with housing concerns. Also provides general information and referral.	\$850,000 in FY 1999-2000	Served 1,236 clients in FY 1999-2000, 118 of which were over 55 years old. No waiting list is maintained.	Private non-profit
MEALS ON WHEELS AND MORE HANDY WHEELS Volunteers make minor home repairs	\$11,000 in 1999	1999: 356 clients	Private non-profit
TRAVIS COUNTY HEALTH AND HUMAN SERVICES HOUSING AND WEATHERIZATION PROGRAM Provides free weatherization and home repair for low-income residents of Travis County. Eligibility is based on income and family size.	\$789,033 in FY 2001	Approximately 600 clients per year.	Public (City of Austin contracts with County to provide these services as well.)

UNITED CEREBRAL PALSY ASSOCIATION OF THE CAPITAL AREA Operates an architectural barrier removal program funded by the City of Austin's Neighborhood Housing and Community Development Office. They serve Austin households at 80% or below Median Family Income.	\$446,875 in 2000	254 homes modified in 1999. 12/99: Waiting list of 748 people (10-12 months long)	Public/private collaboration
VOLUNTEER CAREGIVERS ASSOCIATION OF AUSTIN Provides minor home repair services for adults 60 and older in various neighborhoods in Austin. The following associations provide this service: Northeast Austin and South Austin.			Private non-profit
<b>HOUSING</b>			
BLACKLAND NEIGHBORHOOD DEVELOPMENT CORPORATION Operates Robert Shaw Echo Village, which consists of six small cottages within an existing neighborhood. These are rented to seniors for \$125 a month.		6 senior households	Private non-profit
FAMILY ELDERCARE Provides emergency shelter for low-income elders who are facing a housing crisis.	\$36,090 in 1999		Private non-profit
HOUSING AUTHORITY OF THE CITY OF AUSTIN SECTION 202 HOUSING FOR THE ELDERLY Three Section 202 apartment complexes are available in Austin/Travis County. Occupancy is open to low-income persons who are either 62 years or older or disabled. They serve a daily lunch and are handicapped accessible. Federal preference is given to those on SSI, paying over 50% of their income for rent, and those who are homeless due to eviction from substandard housing. Complexes are: Eberhart Place, St. George's Senior Housing, Inc., and Village Christian Apartments. Section 202 housing is project based Section 8.		203 housing units are available in Austin. There is a waiting period of 8-18 months.	Public
HOUSING AUTHORITY OF THE CITY OF AUSTIN (HACA) SECTION 8 HACA has approximately 2,584 vouchers for Section 8 housing. Approx. 15% of these vouchers (or 388) are used by people age 62 and over.	Annual budget for Section 8 Vouchers - \$19,286,920 and \$7,997,204 for Public Housing Units.	Approximately 2,000 people on Section 8 waiting list. Takes approximately 12-18 months to receive a voucher.	Public/private collaboration

<p><b>PUBLIC HOUSING UNITS</b></p> <p>There are currently 1,928 family public housing units. Approximately 20% of these (or 300) are used by elderly residents 62 years old or older. Four apartment complexes (428 of the 1,928 units) are strictly for elderly &amp; disabled. Approximately 50% (214) of these units are used by the elderly.</p>		<p>Approximately 2,000 on waiting list for family public housing units. 6 to 8 months wait for elderly/disabled. 18-24 month wait for regular housing units.</p>	
<p>TRAVIS COUNTY HOUSING AUTHORITY</p> <p>Operates public housing units and administers Section 8 vouchers.</p>			Public
<b>INFORMATION AND REFERRAL</b>			
<p>ALZHEIMER'S ASSOCIATION</p> <p>Provides education to family and professional caregivers, a lending library, speaker's bureau, and resources and referrals to services. Case management services were added in November 2000.</p>	<p>\$451,000 in FY 2000</p>	<p>13,884 duplicated clients in 1999.</p>	Private non-profit
<p>AREA AGENCY ON AGING OF THE CAPITAL AREA</p> <p>Provides information and referral and ombudsman services to seniors in the Central Texas area (Travis and surrounding counties).</p>		<p>3,489 calls in FY 1999</p>	Public
<p>AUSTIN CHAPTER OF THE AARP</p> <p>Each chapter offers monthly educational and networking meetings.</p>			Private non-profit
<p>CATHOLIC CHARITIES OF AUSTIN</p> <p>Publishes the Social Services and Social Ministries Directory for Austin and surrounding areas (free).</p>			Private non-profit
<p>ELDER OPTIONS</p> <p>Publishes a resource manual for a 10 county region including Travis County. Available for a charge.</p>			Private

FAMILY ELDERCARE - ELDERCARE CONSULTATION AND REFERRAL Provides individualized care plan consultations for older adults and their family members on a sliding fee scale. CENTRALIZED INTAKE A project linking frail older adults with a network of 9 non-profit service providers.	\$62,873 in 1999	585 in 1999	Private non-profit*
FIRST CALL FOR HELP - A SERVICE OF UNITED WAY/CAPITAL AREA. Operates a social services hotline. Also provides a guide to resources in the Austin/Travis County through an online searchable database (a printed guide is available for a charge; online database is free).		Estimated 19% of callers seeking assistance are over age 50.	Private non-profit
GREY PANTHERS Publishes <i>Aging: Every Generation's Concern, A Guide for Elders and Their Caregivers</i> (free).			Private non-profit
LEAGUE OF WOMEN VOTERS OF TEXAS EDUCATION FUND Publishes reports on a variety of issues. In 2000, they produced: A Continuum of Care: Health Issues for Older Adults. For a copy of the report call 472-1100.			
TEXAS DEPARTMENT ON AGING Provides funding, information and referrals for local programs to Texans aged 60 and older.	\$777,417 FY 99 in Travis County		Public
TEXAS CONNECTIONS FOR AGING A television program produced by Travis County Television. The interview style program considers aging issues, education and information.			
UNIVERSITY OF TEXAS INSTITUTE OF GERONTOLOGY Conducts research on gerontological issues, provides training through internships for students working in the field of aging, and connects UT faculty and students to service activities at local agencies.			Public

TRANSPORTATION				
AMERICAN CANCER SOCIETY/ROAD TO RECOVERY	Medical transport for mobile persons with cancer (not wheelchair accessible).			Non-profit
AREA AGENCY ON AGING OF THE CAPITAL AREA	Transportation is provided through CARTS and City of Austin Senior Support Services to nutrition sites and senior centers, doctor appointments, shopping and other essential destinations as determined by local needs.		FY 1999: 1,239 people 7,413 rides through CARTS 32,079 rides through City of Austin	Public
AUSTIN PARKS AND RECREATION DEPARTMENT – SENIOR PROGRAMS	Provides rides to senior centers, senior lunch programs, non-emergency medical appointments and food-stamp programs.	Total program budget for senior rides program is \$182,000.	Provides 32,000 trips per year. No waiting list is maintained.	Public
CAPITAL AREA RURAL TRANSPORTATION SYSTEM (CARTS)	Provides vans and special lift-equipped vehicles to the general public outside the Austin city limits. Priority is given to elderly and disabled adults. Most CARTS vans have scheduled routes to nutrition sites, senior centers, and health, medical, and social services facilities.	Total budget for Travis County is \$130,755 in FY 2001.	Provide approximately 21,000 rides per year in rural Travis County.	Public
CAPITAL METRO SPECIAL TRANSIT SERVICE	Offers personalized transportation for mobility impaired individuals. Door to door service is provided by cars, cabs, and mini-vans with wheelchair lifts; \$.60 fee each way. EASYRIDER			Public
	Provides rides for persons 65 and older for no charge from 10:00 A.M.- 2:00 P.M., M-F and anytime on weekends.			
LAKEWAY SERVICE LEAGUE	Provides transportation to doctor and personal appointments for seniors and persons with disabilities. Serves the Lakeway area.		60-70 trips annually 40-50 clients annually	Private non-profit
MEALS ON WHEELS AND MORE MEDIWHEELS	Provides transportation to medical and dental appointments.	\$23,000 in 1999.	156 clients in 1999	Private non-profit

TEXAS DEPARTMENT OF HUMAN SERVICES MEDICAID TRANSPORTATION PROGRAM Available to persons on Medicaid. Service is for medical appointments only.	\$1,820,000 FY 2000 for Region 7, including Travis County	38,170 units of service (drives) for Region 7	Public
TEXAS DEPARTMENT OF TRANSPORTATION Provides transportation funds to organizations providing services to older adults. Two such organizations in Austin are Buckner Villas and Lutheran Social Services.	\$36,232 for Buckner Villas and Lutheran Social Services in 1999.	8,862 one-way passenger trips in 1999 for Buckner Villas and Lutheran Social Services.	Public/Private
VOLUNTEER CAREGIVERS ASSOCIATION OF AUSTIN Provides transportation services for adults 60 and older; 7 area groups sponsored by local churches: Central East Austin, Far Northwest, North Central, Northeast Austin, South Austin, Southeast Austin, and West Austin.	\$199,387 in 1999.	Average age of clients is 82.4 years. 1,551 clients in 1999 8,749 rides provided in 1999	Private non-profit
<b>COMMUNITY CONNECTIONS</b>			
<b>VOLUNTEERISM</b>			
FOSTER GRANDPARENT PROGRAM Provides older adults with volunteer opportunities helping children with special needs. Volunteers receive \$2 per hour stipend, transportation reimbursement, and lunch.			Private non-profit
GREY PANTHERS Intergenerational group dedicated to organizing grassroots efforts to effect social change. Focuses on policy issues such as environment, health care, housing, and jobs.			Private non-profit
RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP) A program of Travis County HHS&VS that provides persons aged 55 and older volunteer opportunities in Austin/Travis County.	\$305,999 in FY 2001	1,120 volunteers in FY99	Public
YOUNG AT HEART Community project that recruits, trains, and matches older adults with children in child-care centers. Partnership of TDPRS, AARP, Green Thumb, and RSVP.			Public/Private Collaboration

EMPLOYMENT/TRAINING/CONTINUING EDUCATION				
AUSTIN GROUPS FOR THE ELDERLY - SENIOR NET COMPUTER LEARNING CENTER Provides computer classes that are designed specifically for older adults. Classes are taught by retirees.	\$35,000 in 1999	300 in 1999		Private non-profit
CITY OF AUSTIN - EXPERIENCE UNLIMITED Free job referral bank for people 50 and older, or those wanting to hire older workers.				Public
CITY OF AUSTIN - SENIOR AIDES PROGRAM Training program that pays salaries and benefits for limited number of low-income workers aged 55 and older, to work in non-profit or government agencies for two years.				Public
EMPLOYMENT ACCESS FOR RETIREES Targets people aged 45 and older in professional, managerial, and high tech fields. Provides career counseling and networking.		300+ annually		Private non-profit
GOODWILL INDUSTRIES OLDER WORKER PROGRAM Offers skills assessment, testing, job readiness training, placement assistance and health screening. Can provide transportation, education, and counseling. For people 55 and older who meet income requirements.	\$42,500 for 2000 (estimate)	FY 99 277 clients 50 and older As of 8/00 150 clients		Private non-profit
LIFETIME LEARNING INSTITUTE Offered through Concordia University, offers noncredit daytime classes for anyone aged 50 or older. Approximately fifty courses per semester are offered at \$15 per course.	Approximately \$750,000 annually from tuition and fees	900 registrations annually		Private non-profit
LEARNING ACTIVITIES FOR MATURE PEOPLE Annual program for older adults through the Thompson Conference Center at UT that includes lectures, seminars and tour/travel opportunities. The program consists of three six-week sessions throughout the year.				Public
GREEN THUMB, INC. Provides part-time employment and training for adults 55 or older who meet low-income eligibility requirements. Primarily operates in rural Travis County.				Private non-profit

SENIOR TEXANS EMPLOYMENT PROGRAM (STEP) Administered by the Texas Workforce Commission, this program was established by the Texas Legislature in 1973. The program provides community service employment and training opportunities to low-income Texans age 55 and older.				Public
<b>FAITH-BASED SERVICES</b>				
AUSTIN METROPOLITAN MINISTRIES OLDER ADULT CONNECTION Operates as a steering committee for the Austin faith communities to promote services for frail and needy older adults.				Private non-profit
SETON COVE- A SPIRITUALITY CENTER Interfaith organization for spiritual direction. Offers retreats, workshops and seminars, and support groups.				Private
<b>RECREATION AND SOCIAL ACTIVITIES</b>				
AUSTIN GROUPS FOR THE ELDERLY - WISDOMLINK Provides informational programs by, for, and about older adults including programming about aging.				Private non-profit
CITY OF AUSTIN PARKS AND RECREATION DEPARTMENT SENIOR CENTERS The Senior Activity Centers provide civic, cultural, and recreational activities for persons aged 50 and older.				Public
TEXAS ELDERHOSTEL Classes for adults 55 and over through University of Texas. Topics include Texas culture, music and other subjects as well as learning/travel opportunities in Texas.	\$140,000		400 people annually	
UNIVERSITY OF TEXAS SEMINARS FOR ADULT GROWTH AND ENRICHMENT (SAGE) A limited membership organization that provides enrichment lecture programs and seminars. Annual dues are \$225.	\$61,875 from membership dues		275 members annually 14 seminars each session (fall, spring, and summer)	
YMCA OF AUSTIN Town Lake and Southwest branches offer special exercise and water fitness programs for seniors.				Private

## PLANNING GROUPS AND COLLABORATIONS

AUSTIN GROUPS FOR THE ELDERLY Exists to foster and support programs and services dedicated to serving the elderly and adults with disabilities. Offers low-cost office space to non-profit organizations that provide assistance to the elderly. Operates Elderhaven Adult Day Care and SeniorNet Learning Center at the A.G.E. building.			Private non-profit
INTERAGENCY COUNCIL ON AGING Monthly meeting designed to educate professionals who provide services to older adults. Open to the public.			Public/Private Collaboration
NON-PROFIT ELDERLY SERVICE PROVIDERS Group meets monthly to improve the coordination and delivery of services amongst local providers. Implemented use of a common intake and referral form used among member providers.			
TRAVIS COUNTY COMMUNITY RESOURCE COORDINATION GROUP FOR OLDER ADULTS Provides referrals to services for hard-to-serve older adults. Collaborative effort between 30 public and private organizations. Administered by ATCMHMR.			Public/Private Collaboration
TEXAS MENTAL HEALTH AND AGING COALITION Coalition of older adults, advocates, service providers, professionals, and government representatives. Works to increase recognition and treatment of mental illness in older adults and improve access to services.			Public/Private Collaboration

**Note:** Every effort was made to provide the most up to date and accurate information available in this table. The information provided is what was available at the time of printing.

**\*The following agencies were funded in FY 2000 through the Austin/Travis County Social Service Contracts:**

Family Eldercare (\$75,305); Services for the Elderly (\$53,084); Meals On Wheels and More (\$261,965).

\*\* This number includes Community Living Assistance and Support Services, Primary Home Care services delivered to SSI eligible clients and to Medical Assistance Only clients, Adult Foster Care, Home Delivered Meals, Residential Care, and Special Services for Persons with Disabilities.

## APPENDIX B: GLOSSARY OF ACRONYMS AND TERMS

<b>AAA</b>	Area Agency on Aging
<b>AARP</b>	American Association of Retired Persons
<b>ADLs</b>	Activities of daily living
<b>CAN</b>	Community Action Network
<b>EAP</b>	Emergency Assistance Program
<b>HUD</b>	U.S. Department of Housing and Urban Development
<b>IADL</b>	Instrumental Activities of daily living
<b>LTC</b>	Long Term Care
<b>MFI</b>	Median Family Income
<b>MOW</b>	Meals on Wheels
<b>MSA</b>	Metropolitan Statistical Area
<b>SNF</b>	Skilled Nursing Facility
<b>SSA</b>	Social Security Administration
<b>TANF</b>	Temporary Aid to Needy Families
<b>TDOA</b>	Texas Department of Aging
<b>UW/CA</b>	United Way/Capital Area
<b>Accreditation</b>	Status assigned by a government body to certain housing facilities that meet standards set by the governing body. Example: The Long-Term Care Evaluation Program that certifies nursing homes nationwide. Accreditation is voluntary for nursing homes.
<b>Activities of Daily Living</b>	Everyday activities such as bathing, grooming, eating, toileting, and dressing.
<b>Adult Day Care</b>	Daily structured programs in a community setting with activities and health-related services for elderly who are physically or emotionally disabled and need a protective environment.

<b>Advanced Directives</b>	Legal documents that allow an individual to accept or refuse medical care. Directives act to protect rights even when a person becomes mentally or physically unable to choose or communicate choices. Examples of directives are Living Wills and Durable Power of Attorney for Health Care.
<b>Alzheimer's disease</b>	A chronic organic brain disease leading to severe and progressive loss of brain function and eventual death. Alzheimer's is the most common form of dementia in older adults.
<b>Americans with Disabilities Act of 1990</b>	The purpose of this Act is to remove barriers keeping qualified individuals with disabilities from enjoying the same employment opportunities as persons without disabilities. The ADA addresses employment, public service, public accommodations and services, and telecommunications issues.
<b>Area Agency on Aging</b>	A public or private non-profit organization designated by the Texas Department on Aging to develop and administer the area plan on aging within a sub-state geographic planning and service area. AAAs advocate on behalf of older people within the area and develop community-based plans for services to meet their needs. AAAs also administer federal, state, local, and private funds through contracts with social service providers.
<b>Assisted Living</b>	A combination of housing, supportive services and health care designed to meet the needs of those who require help with activities of daily living.
<b>Average Household Size</b>	The number of persons in households divided by the total number of households.
<b>Best Practice</b>	Programs or services that research or expert opinions have shown to be effective.
<b>Case Manager</b>	A social worker or health care professional who evaluates, plans, locates, coordinates, and monitors services for an individual, and in some cases, their family.
<b>Case Management</b>	A collaborative process that assesses, plans, implements, coordinates, monitors and evaluates the options and services necessary to meet to the economic, mental, physical and social needs of an individual and using available resources to promote quality, cost effective outcomes.
<b>Community-based</b>	A private nonprofit organization that is representative

<b>Organization</b>	of a community or a significant segment of a community and that has demonstrated expertise and effectiveness in the field of aging services.
<b>Community-Based Alternatives Waiver</b>	A waiver of the Medicaid state plan granted under Section 1915(c) of the Social Security Act which allows Texas to provide community-based services to adults as an alternative to nursing facility care.
<b>Custodial Care</b>	Facility that provides shelter, supervision, and care, but does not offer medical or skilled nursing services.
<b>Dementia</b>	A severe impairment of mental functions and global cognitive abilities, of long duration, in an otherwise alert individual. Some forms of dementia, like Alzheimer's disease, are permanent while others are reversible.
<b>Disability</b>	A physical or mental impairment that substantially limits one or more of the major life activities for an individual.
<b>Eligibility</b>	The meeting of specific qualifications (such as income) to receive certain benefits; the criteria used by public assistance programs to determine which people may receive help.
<b>Geriatric Case Managers</b>	Professionals who specialize in assisting older people and their families with long-term care arrangements.
<b>Home and Community-Based Waiver Services</b>	A waiver of the Medicaid state plan granted under Section 1915(c) of the Social Security Act, which allows Texas to provide community-based services as an alternative to institutional care.
<b>Housing Authority City of Austin</b>	The local agency responsible for administering HUD programs and grants within the City of Austin. (HACA)
<b>Hospice Care</b>	Medical, counseling, and social services provided to those with a terminal illness.
<b>Instrumental Activities Of Daily Living</b>	Activities necessary for independence such as preparing meals, managing medications, and shopping for groceries.
<b>Intermediate Care Facility</b>	Facility that provides help with personal and/or social care and a minimum amount of medical supervision.
<b>Living Will</b>	A legal document that states a person's wishes regarding medical treatments at the end of life.

**Long Term Care** The provision of personal care assistance related to health and social services given episodically or over a sustained period to assist individuals of all ages and their families to achieve the highest level of functioning possible, regardless of the setting in which assistance is given.

**Median Family Income** The midpoint dividing the distribution of income into two equal parts. This income guideline is used by HUD to determine eligibility for federal housing programs. The Median Family Income for Travis County for FY 2000 is \$58,900.

FY 2000 HUD Income Limits by Household Size for Austin-San Marcos			
Household Size	30% of MFI	50% of MFI	80% of MFI
1 Person	\$12,350	\$20,600	\$33,000
2 People	\$14,150	\$23,550	\$37,700
3 People	\$15,900	\$26,500	\$42,400
4 People	\$17,650	\$29,450	\$47,100
5 People	\$19,100	\$31,800	\$50,900
6 People	\$20,500	\$34,150	\$54,650

**Medicaid** A joint federal/state program that provides health-care coverage for low-income individuals and families who meet eligibility criteria.

**Medicare** Title XVIII of the Social Security Act of 1965 is a federal health insurance program for people over 65, or who are permanently disabled or have end-stage renal disease.

**Metropolitan Statistical Area** A large population nucleus (a county or group of counties with a total population of at least 75,000 and a central city or urbanized area of at least 50,000) together with adjacent communities that have a high degree of social and economic integration within that nucleus.

**Nursing Facility** Facility licensed by the state, providing 24-hour nursing care for convalescent residents and those with long-term care illnesses. Regular medical supervision and rehabilitation therapy is typically available.

**Ombudsman** A person who investigates consumer complaints against a nursing home or community resident facility.

**Outcome** The desired change in condition or behavior resulting from the implementation of a specific intervention.

**Population Growth Rate** Average annual compound rate of change in populations.

**Poverty level**

The U.S. Department of Health and Human Services establishes annual poverty guidelines based on size of family unit and income. These are used to determine eligibility for public assistance and various health and human service programs. (The following chart provides information effective 2/15/00 and is updated annually).

	<b>Federal Poverty Level (100%)</b>	<b>150%</b>	<b>185%</b>	<b>200%</b>
<b>Family Size</b>	<b>Income Per Year</b>			
1	\$ 8,350	\$ 12,525	\$ 5,448	\$ 16,700
2	11,250	16,875	20,813	22,500
3	14,150	21,225	26,178	28,300
4	17,050	25,575	31,543	34,100

**Respite Care**

Services designed to relieve the caregiver from caregiver duties either in the home, community setting or care facility. Care may last from a few hours to several weeks.

**Skilled Nursing Facility**

Facility that provides 24-hour-a-day nursing services for those who have serious health care needs, but who do not require hospitalization.

**Support Services**

A variety of services provided to a client or household to promote well-being and enable them to live as independently as possible; e.g. transportation, in-home care, and housing.

**Supportive Housing**

Permanent Housing for people with disabilities that includes supportive services that allow people to live as independently as possible.

**Travis County Housing Authority**

The county agency responsible for administering HUD programs and grants within Travis County.

## APPENDIX C: RESEARCH METHODOLOGY

The Travis County Health, Human Services, and Veterans Service's Research and Planning Division

collaborated with the Community Action Network (CAN) to create a process for all Community Assessment projects. Each assessment should be a report on community conditions and needs that is:

- Balanced - includes diversity of input
- Accurate - based upon data that is current and appropriate
- Useful - helpful in making decisions
- Accessible - clearly written, readily understandable and easily available

These criteria guided the research process and methodology for the Aging Services Environmental Scan. Input was sought from a wide range of stakeholders to achieve balance, as well as to produce a useful document. Additionally data, information, and general advice were sought from experts and community members to ensure accuracy and balance. The draft documents were circulated for editing and comments to produce an accurate and accessible document for the community. The finalized document will be accessible in a printed format and on several websites. In summary:

- A. Guidance and assistance was obtained from the Aging Services Environmental Scan Committee. This Committee was comprised of service providers, advocates, issue area experts and community volunteers – all knowledgeable in the issues facing older adults.
- B. Literature reviews and general research were conducted by:
  - Travis County HHS & VS, Research and Planning Division
  - Aging Services Environmental Scan Committee
  - United Way/Capital Area
- C. Input from community members was achieved through:
  - *Older Adult Service Provider and Advocate Focus Group*  
This focus group was held at the Rosewood Zaragosa Community Center and was attended by approximately 25 individuals from a wide range of service areas.
  - *Senior Needs Survey*  
This survey was administered in person and through the mail. The survey was mailed to a random sample of RSVP volunteers. The survey was administered at Senior MayFest, community centers and health clinics. The results are not intended to be statistically significant, but rather provide an idea of the issues facing older adults in this community.
  - *Caregiver Survey*  
The Caregiver Survey was administered through the mail to a sample of three different groups: RSVP volunteers who serve as caregivers, participants in a caregiver support group and caregivers with clients at Elderhaven and Eloise's House. Sixty-seven (67) individuals responded to the survey. The results from this survey are not intended to be statistically significant. However, the information gathered can offer an idea of the issues facing caregivers and their families.

## APPENDIX D: CAREGIVER CALCULATION

### Estimate of Number of Caregivers in Travis County

Source: National Alliance for Caregiving and AARP. (1997). *Family Caregiving in the U.S.: Findings from a National Survey*.

Met Life Mature Market Group and National Alliance for Caregiving. (1997). *The MetLife Study of Employer Costs for Working Caregivers*.

Based on 1990 U.S. Census data

Family Caregiving survey found that 23.2% of all U.S. households with telephones were involved in caregiving for an adult who is at least 50 years old.

1990 U.S. Census;

Travis County had 217,008 households with telephones in 1990.

Calculation: 23.2% of 217,008 = 50,346 caregivers

### Estimate of Labor Hours Lost and Value of Lost Hours

(based on 1990 census data and 1990 income data. The per capita income in 1990 was \$7.27/hour)

Family Caregiving survey found that 64% of caregivers were working. Of these, 52% worked full time and 12% worked part time.

Calculation:        64% of 50,346        =        32,221 employed caregivers  
                         52% of 32,221        =        16,755 employed caregivers working full time

Family Caregiving Survey found that 10.5% of employed caregivers were absent a minimum of three or more days in the previous 6 months (6 days per year) due to caregiving responsibilities.

Calculations:        10.5% of 16,755        =        1,759 persons missing work  
                                         6 x 1,759        =        10,556 hours/year  
                         10,556 hours x \$7.27/hour        =        \$76,740 value of missed hours

Family Caregiving Survey found 59% of caregivers have partial absenteeism. MetLife study found that 22% of caregivers are unable to make up absenteeism, losing approximately 1 hour per week or 50 hours per year.

Calculations:        59% of 16,775        =        9,886 workers with partial absenteeism  
                                         22% of 9,886        =        2,175 workers who can't make up time  
                                         2,175 x 50        =        108,741 hours of work/year not made up  
                         108,741 x \$7.27/hour        =        \$790,544 value of missed work

MetLife study found that 60% of caregivers experienced an eldercare crisis in the past 6 months that resulted in additional lost time of 3 days (24 hours) per year.

Calculations:	60% of 16,775	=	10,053 workers with eldercare crisis
	10,053 x 24 hours	=	241,273 hours missed per year
	241,273 x \$7.27/hour	=	\$1,754,058 value of work missed

**Total value of hours missed per year:**

Calculations:	10,556 hours/year	or	\$76,740
	108,741 hours /year	or	\$790,544
	<u>241,273 hours/year</u>	or	<u>\$1,754,058</u>
	<b>360,570 hours/year</b>	<b>or</b>	<b>\$2,621,342</b>

(Estimate does not include the value of employees who had to leave their jobs because of caregiving responsibilities or the value of hours or wages of part time workers).

## APPENDIX E: MEDICARE AND MEDICAID

### Medicare

The purpose of this section is to provide a general overview of the Medicare program. For more specific information go to [www.medicare.gov](http://www.medicare.gov) or contact the Social Security Administration. Medicare is a health insurance program that is administered by the federal government. This program is financed through taxes paid by employees and employers. The primary purpose of the program is to provide a health care safety net for individuals retired from the workforce. There are three groups that are eligible for Medicare: individuals ages 65 and older who have paid into the system, certain individuals under age 65 who have disabilities and individuals with End-Stage Renal Disease.

Medicare has two parts, which are briefly described below:

**Medicare Part A (Hospital Insurance)** is available without cost to individuals who paid Medicare taxes and certain other individuals. Part A covers (certain copays and other costs may apply):

- Hospitalization for illness or injury
- Inpatient psychiatric care
- Care in a skilled nursing facility
- Home health care for individuals with an illness or injury and meeting certain conditions. This benefit provides part time limited skilled nursing care and other therapeutic services.
- Hospice care for individuals meeting certain conditions (must be terminal within 6 months as determined by a physician)
- Blood given at a hospital or skilled nursing facility

**Medicare Part B (Medical Insurance)** is available for a monthly premium of \$45.50 to individuals who choose to enroll and who are eligible to receive Medicare Part A. The following services are covered under Part B (copays and other costs may apply):

- Medical and other services such as non-routine doctor visits, medical equipment, outpatient therapies
- Clinical lab services
- Home health care for individuals with an illness or injury and meeting certain conditions. This benefit provides part time limited skilled nursing care and other therapeutic services.
- Outpatient hospital services for diagnosis and treatment of injury
- Blood
- Preventative Services including bone mass measurement, colorectal cancer screening, diabetes monitoring, annual mammogram screening, pap smears and pelvic exams, prostate cancer screening and vaccinations

Today, there are three types of Medicare plans: original, managed care and private fee for service – only original is available in all parts of the country (HCFA 2000 Medicare Basics).

In addition to these two plans, Medicare also offers supplemental insurance or Medigap policies. There are ten different plans that are intended to cover out of pocket costs not covered under other Medicare policies. Medigap insurance can be purchased from private insurance agencies and is available to individuals who have both Parts A and B. These policies are not necessary for individuals who receive Medicaid, are members of a Medicare HMO or are covered under an employee group health insurance plan (Texas Dept. of Insurance 2000).

## **Medicaid**

The purpose of this section is to provide a general overview of the Medicaid program. Medicaid is a means tested health insurance program for low-income individuals who meet certain eligibility guidelines. At the federal level, Medicaid is administered by the Social Security Administration and by the Department of Human Services at the state level. States have a wide range of flexibility in how they administer their programs, who receives services, what services are available and how much is paid per service. It is possible for older adults to receive both Medicare and Medicaid.

Medicaid covers a variety of services and costs such as medical expenses, nursing home care and out of pocket expenses such as Medicare premiums. Additionally, Texas has in place several Medicaid waivers that allow the state to use resources for home and community based care as an alternative to institutional care. The Community Based Alternatives program provides the following services:

- Adaptive aids and medical supplies (limit of \$10,000 per year)
- Adult foster care
- Assisted living/residential care services
- Emergency response services
- Nursing services
- Minor home modifications (Limit of \$7,500)
- Occupational therapy
- Personal assistance services
- Physical therapy
- Respite care (30 days per year)
- Speech pathology services
- Home delivered meals

To be eligible for these services, clients must:

- Be age 21 or older
- Be eligible for Medicaid (income less than \$1500/month with resources of less than \$2,000 for an individual; SSI or MAO protected status)
- Meet two or more criteria for nursing home risk
- Reside in own home, with family, in assisted living or residential care facility or a DHS Adult Foster Care home

Currently, the demand for services provided through the Medicaid waiver program exceeds the number of slots. Texas is approved to serve more individuals but has not allocated the resources necessary to do so (TDHS 2000 Frequently Asked; Wiener; TDHS May 2000).

## APPENDIX F: SENIOR NEEDS SURVEY

### Senior Needs Survey

**Austin and Travis County Need Your Help to Plan for the Future.**

**Please fill out the following survey if you are age 55 or older.**

**1. Do you use or receive any of the following?**

- |                                               |                                                     |                                                |
|-----------------------------------------------|-----------------------------------------------------|------------------------------------------------|
| <input type="radio"/> Special buses or vans   | <input type="radio"/> Public housing                | <input type="radio"/> In-home care             |
| <input type="radio"/> Free meals or groceries | <input type="radio"/> Home repair                   | <input type="radio"/> Medicare                 |
| <input type="radio"/> Legal help              | <input type="radio"/> Housecleaning                 | <input type="radio"/> Medicaid/MAP clinic card |
| <input type="radio"/> Social Security checks  | <input type="radio"/> Caregiver respite             | <input type="radio"/> Medigap/extra insurance  |
| <input type="radio"/> Food stamps             | <input type="radio"/> Social activities             | <input type="radio"/> Help paying rent/bills   |
| <input type="radio"/> NONE                    | <input type="radio"/> Other (please describe) _____ |                                                |

**2. What kinds of services do you need that you are not getting now?**

- |                                               |                                                     |                                                |
|-----------------------------------------------|-----------------------------------------------------|------------------------------------------------|
| <input type="radio"/> Special buses or vans   | <input type="radio"/> Public housing                | <input type="radio"/> In-home care             |
| <input type="radio"/> Free meals or groceries | <input type="radio"/> Home repair                   | <input type="radio"/> Medicare                 |
| <input type="radio"/> Legal help              | <input type="radio"/> Housecleaning                 | <input type="radio"/> Medicaid/MAP clinic card |
| <input type="radio"/> Social Security checks  | <input type="radio"/> Caregiver respite             | <input type="radio"/> Medigap/extra insurance  |
| <input type="radio"/> Food stamps             | <input type="radio"/> Social activities             | <input type="radio"/> Help paying rent/bills   |
| <input type="radio"/> NONE                    | <input type="radio"/> Other (please describe) _____ |                                                |

**3. Of the services listed above, which three (3) are the most important to you?**

**4. What could be done to make the services listed better or easier to use?**

**5. What are the biggest problems that keep you from getting what you want or need?**

**6. What types of activities would you like to be doing that you are not already doing?**

- ☐ Arts and crafts      ☐ Reading      ☐ Social groups      ☐ Group sports  
☐ Gardening      ☐ Classes/education      ☐ Volunteering      ☐ Walking  
☐ Cooking      ☐ Music      ☐ Bible study/prayer      ☐ Swimming  
☐ Travel      ☐ Computer classes/access to computers  
☐ Other (please describe) \_\_\_\_\_

**7. Who do you usually turn to when you need help?**

- ☐ Relative      ☐ Friend/ Neighbor      ☐ Professional Caregiver  
☐ Social Worker      ☐ Non-profit Agency      ☐ Don't have anyone to help  
☐ Other (please describe) \_\_\_\_\_

**8. Which programs or agencies have helped you the most in the past year?**

**9. What is your primary language?**

- ☐ English      ☐ Spanish      ☐ Other \_\_\_\_\_

**10. Has your language or culture ever made it difficult for you to obtain services?**

- ☐ Never      ☐ Rarely      ☐ Sometimes      ☐ Many times      ☐ Most of the time

**11. Where do you live?      Zip code \_\_\_\_\_**

- ☐ Within the Austin city limits  
☐ Outside the Austin city limits, but within Travis County  
☐ Outside Travis County in \_\_\_\_\_ County  
☐ Other \_\_\_\_\_

**12. What is your living situation?**

- ☐ In my own house, alone
- ☐ In my own apartment or condo, alone
- ☐ In a relative's house, apartment, etc.
- ☐ In my own house with your spouse, significant other, relative, or roommate
- ☐ In my own apartment/condo with spouse, significant other, relative or roommate
- ☐ In an assisted living or nursing care facility
- ☐ In a retirement community

**13. What would be your ideal living situation?**

- ☐ In my own house, alone
- ☐ In my own apartment or condo, alone
- ☐ In a relative's house, apartment, etc.
- ☐ In my own house with your spouse, significant other, relative, or roommate
- ☐ In my own apartment/condo with spouse, significant other, relative or roommate
- ☐ In an assisted living or nursing care facility
- ☐ In a retirement community

**14. What is your age?**

- ☐ 55-59      ☐ 60-69      ☐ 70-79      ☐ 80 or older

**15. What is your race/ethnicity? (check one)**

- ☐ African-American (Black)      ☐ Hispanic  
☐ Caucasian (White)      ☐ Asian American  
☐ Other \_\_\_\_\_

**16. What is your gender?**

- ☐ Male      ☐ Female

**17. What is your total household income per month? Include all sources of income including social security, your spouse's income, and any extra income.**

- ☐ Less than \$695      ☐ \$696 to \$1042      ☐ \$1043 to \$1390  
☐ \$1391 to \$2085      ☐ \$2086 to \$2780      ☐ \$2781 and over

**18. Are you caring for someone in your home whom is unable to take care of themselves?**

☐ Yes                      ☐ No

**a. If yes, what is that person(s)' relationship to you?**

☐ My wife or husband    ☐ My parent or parent-in-law

☐ Other (please specify) \_\_\_\_\_

***Thank you for participating in this survey.***

This survey is part of a community assessment, the Aging Services Environment Scan project, being conducted by St. David's Foundation, United Way/Capital Area and Travis County Health and Human Services & Veteran's Services.

## APPENDIX G: CAREGIVER SURVEY

Austin and Travis County Need YOUR Help to Plan for the Future

**Please complete the following survey if you provide care to**

**SENIORS** (ages 55 or older) in the community.

**(If a question does not apply to you, please skip to the next question)**

**Please Tell Us  
About Yourself**

**1. I am (check one):**

☐ A Formal Caregiver (Professional/Volunteer)

☐ An Informal Caregiver (Family/Layperson)

**2. I** ☐ live with ☐ do not live with  
**the person for whom I provide care.**

**3. I am** ☐ Female ☐ Male

**4. I am** ☐ 18-29 ☐ 30-39 ☐ 40-49 ☐ 50-59  
☐ 60-69 ☐ 70-79 ☐ 80 years or older

**5. I am** ☐ African-American (Black) ☐ Hispanic  
☐ Caucasian (White) ☐ Asian American  
☐ Other \_\_\_\_\_

**6. My total household income per month is:** (Please include all sources of income including social security, your spouse's income, and any extra income.)

☐ Less than \$695 ☐ \$696 to \$1042 ☐ \$1043 to \$1390  
☐ \$1391 to \$2085 ☐ \$2086 to \$2780 ☐ \$2781 and over

**7. In a typical week I spend \_\_\_\_\_ hours caring for a senior.**

**8. Who do you usually turn to when you need help as a caregiver?**

☐ Relative ☐ Friend/ Neighbor ☐ Professional Caregiver  
☐ Social Worker ☐ Program/Agency ☐ Don't have anyone to help  
☐ Other (please describe) \_\_\_\_\_

**9. Has your language or culture ever made it difficult for you to obtain services to care for your client or family member?**

☐ Never ☐ Rarely ☐ Sometimes ☐ Many times ☐ Most of the time

**10. As a caregiver, do you have needs that are not being met? (Please describe)**

**11. What type(s) of care do you provide to your client or family member?**

- |                                                     |                                         |                                                |
|-----------------------------------------------------|-----------------------------------------|------------------------------------------------|
| <input type="radio"/> Transportation                | <input type="radio"/> Home Repair       | <input type="radio"/> Personal Care Assistance |
| <input type="radio"/> Groceries/meals               | <input type="radio"/> Housecleaning     | <input type="radio"/> Money Management         |
| <input type="radio"/> Legal Assistance              | <input type="radio"/> Caregiver respite | <input type="radio"/> Social Activities        |
| <input type="radio"/> Other (please describe) _____ |                                         |                                                |

**12. Would you find a volunteer or professional caregiver to do what you do now if you had additional resources or services available to you?**

- ☐ Yes      ☐ No      ☐ Don't Know      ☐ Not Applicable

**Please Tell Us  
About the  
Person You  
Care for**

**If you provide care to more than one senior,  
please tell us about the one  
YOU KNOW THE MOST ABOUT**

**1. I am a caregiver for:**

- ☐ My Wife or husband      ☐ My Parent or In-law  
☐ Other (please specify) \_\_\_\_\_

**2. The person I care for is:**

- ☐ Female    ☐ Male

**3. The person I care for is:**

- ☐ 55-59 years old    ☐ 60-69 years old  
☐ 70-79 years old    ☐ 80+years old

**4. Does the person you are caring for use or receive any of the following?**

(Check all that apply)

- |                                              |                                                     |                                                    |
|----------------------------------------------|-----------------------------------------------------|----------------------------------------------------|
| <input type="radio"/> Transportation         | <input type="radio"/> Public Housing                | <input type="radio"/> In-Home Care                 |
| <input type="radio"/> Groceries/meals        | <input type="radio"/> Home Repair                   | <input type="radio"/> Medicare                     |
| <input type="radio"/> Legal Assistance       | <input type="radio"/> Housecleaning                 | <input type="radio"/> Medicaid/MAP                 |
| <input type="radio"/> Social Security Checks | <input type="radio"/> Caregiver Respite             | <input type="radio"/> Medigap/extra insurance      |
| <input type="radio"/> Food Stamps            | <input type="radio"/> Social Activities             | <input type="radio"/> Help paying rent/other bills |
| <input type="radio"/> NONE                   | <input type="radio"/> Other (please describe) _____ |                                                    |

**3. What kinds of services does the person you're caring for need that he/she isn't getting now? (check all that apply)**

- |                                              |                                                    |                                                    |
|----------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| <input type="radio"/> Transportation         | <input type="radio"/> Public Housing               | <input type="radio"/> In-Home Care                 |
| <input type="radio"/> Groceries/meals        | <input type="radio"/> Home Repair                  | <input type="radio"/> Medicare                     |
| <input type="radio"/> Legal Assistance       | <input type="radio"/> Housecleaning                | <input type="radio"/> Medicaid/MAP                 |
| <input type="radio"/> Social Security Checks | <input type="radio"/> Caregiver respite            | <input type="radio"/> Medigap/extra insurance      |
| <input type="radio"/> Food Stamps            | <input type="radio"/> Social Activities            | <input type="radio"/> Help paying rent/other bills |
| <input type="radio"/> NONE                   | <input type="radio"/> Other (please specify) _____ |                                                    |

**5. Of the services listed above, which three (3) are the most important to your client or family member?**

**6. What could be done to make these services better or easier to use?**

**7. What are the biggest problems that keep the person you're caring for from getting what he/she wants or needs?**

**8. Which programs or agencies help the person you're caring for the most?**

*Thank you for completing this survey.*

This survey is part of a community assessment, the Aging Services Environment Scan project, being conducted by St. David's Foundation, United Way/Capital Area and Travis County Health and Human Services & Veteran's Services.

## APPENDIX H: CITY/COUNTY PRESCRIPTION DRUG ASSISTANCE PROGRAM

Program Features	CITY # Enrolled Age 65+	COUNTY # Enrolled Age 65+
<u>BRACK FQ</u> <ul style="list-style-type: none"> <li>\$5 City/\$4 County co-pay per prescription</li> <li>Unlimited prescriptions</li> <li>Prescriptions written at clinic must be filled at public health pharmacy.</li> <li>Prescriptions written by private physician must be filled at MAP network pharmacy</li> </ul>	203	60
<u>OTHER: for individuals with some other insurance coverage such as Medicaid and pending SSI coverage</u> <ul style="list-style-type: none"> <li>\$5 City/\$4 County co-pay per prescription</li> <li>Unlimited prescriptions</li> <li>Prescriptions written at clinic must be filled at public health pharmacy.</li> <li>Prescriptions written by private physician must be filled at MAP network pharmacy</li> </ul>	81	23
<u>CARE: for individuals with Medicare</u> <ul style="list-style-type: none"> <li>\$5 City/\$4 County co-pay per prescription</li> <li>Unlimited Prescriptions if written at clinic, must be filled at public health pharmacy.</li> <li>Limit of 3 Prescriptions if written by private physician, must be filled at private network pharmacy</li> </ul>	2,137	572
<u>CHC: for individuals who do not qualify for MAP and not covered by other insurance</u> <ul style="list-style-type: none"> <li>Pharmacy benefits on a sliding fee scale depending on monthly income.</li> </ul>	Paying (0-50%) 142 (75-100%) 128	Paying (0-50%) 25 (75-100%) 21

Source: City of Austin Medical Assistance Program, 2000.

## APPENDIX I: REFERENCES

- AAAs and Naturally Occurring Retirement Communities (NORCs)*. (1995). The Supportive Housing Connection. Available [www.aoa.dhhs.gov/Housing/norcs.html](http://www.aoa.dhhs.gov/Housing/norcs.html).
- AARP. (1999). *A Profile of Older Americans*.
- Access America for Seniors. (2000). *Home Modification and Repair*. Adapted from information from the National Eldercare Institute on Housing and Supportive Services. Available [www.seniors.gov/retirementplanner/housing/home\\_modificationtxt.html](http://www.seniors.gov/retirementplanner/housing/home_modificationtxt.html).
- Aging and Mental Alertness – Use It or Lose It*. WellnessWeb. Available [www.wellweb.com](http://www.wellweb.com).
- Gray Panthers of Austin. *Aging: Every Generation's Concern – A Guide for Elders and Their Caregivers*. (1999).
- Alford, Andy. (September 13, 2000). Renters with low incomes will get more federal help. *Austin American Statesman*.
- Alliance for Aging Research. [cited 2000] *Independence for Older Americans: An Investment in Our Future*. Available [www.agingresearch.org](http://www.agingresearch.org).
- America's Second Harvest. (2000). *Hunger and the Elderly*. Available [www.secondharvest.org](http://www.secondharvest.org).
- American Society on Aging. (2000). *Who is Being Cared For?* Available [www.careguide.com](http://www.careguide.com).
- American Society on Aging. [cited 2000] *Profile of Informal and Family Caregivers*. Available [www.careguide.com](http://www.careguide.com).
- Arno, Peter S., Levine, Carol and Memmott, Margaret M. (1999). *The Economic Value of Informal Caregiving*. *Health Affairs*, 18(2).
- Austin American-Statesman*. (March 2000). As America ages, elder care is a growing concern at work.
- Austin Transportation Study. (1999). *Austin Metropolitan Area 2020 Transportation Plan Executive Summary*.
- Bayer, Ada-Helen. (2000). *Fixing to Stay: A National Survey on Housing and Home Modification Issues*. Washington: AARP. Available [http://research.aarp.org/il/home\\_mod\\_1.html](http://research.aarp.org/il/home_mod_1.html).
- Bishop, Bill. (July 12, 2000). Austin's housing is highest in Texas. *Austin American Statesman*, p. A1.
- Broden, Amanda A. and Angel, Jaqueline L. [cited 2000]. *Developing an Integrated State Long Term Care Organizational Structure*. *Texas Journal on Aging*. Vol. 111, No. 2.

- Bruen, Brian K, Wiener, Joshua M., Kim, Johnny and Miazad, Ossai. (August 1999). *State Usage of Medicaid Coverage Options for Aged, Blind and Disabled People*. Urban Institute. Available [www.urban.org](http://www.urban.org).
- Calkins, Margaret P. and Namazi, Kevan H. (1998). *Caregivers Perceptions of the Effectiveness of Home Modifications for Community Living Adults with Dementia*. American Journal of Alzheimer's Disease. Available [www.homemods.org/library/calkins.html](http://www.homemods.org/library/calkins.html).
- Capital Area Planning Council. (1998). *Age/Gender/Ethnic Composition of Austin MSA (1990-2030)*. Austin: Information Analysis Group.
- Centers for Disease Control and Prevention. [cited 2000]. *The Costs of Fall Injuries Among Older Adults*. Available [www.cid.gov/ncipc/factsheets/fallcost.html](http://www.cid.gov/ncipc/factsheets/fallcost.html).
- Chartbook on Disability in the United States (1996). Available [www.infouse.com](http://www.infouse.com).
- Citro, Jeremy. (1998). *Housing Characteristics of Older Households: 1995*. Available [http://research.aarp.org/il/dd37\\_housing.html](http://research.aarp.org/il/dd37_housing.html).
- City of Austin. (2000). *2000-2005 Consolidated Plan*. Office of Neighborhood Housing and Community Development
- Coleman, Barbara. (January 1999). *Trends in Medicaid Long-Term Care Spending*. Washington: AARP Public Policy Institute. Available [http://research.aarp.org/health/dd38\\_trends.html](http://research.aarp.org/health/dd38_trends.html).
- Community Action Network. (July 1999). *Through the Roof: A report on affordable homes*. Austin: Working Group on Affordable Housing. Available [www.caction.org/throughtheroof.html](http://www.caction.org/throughtheroof.html)
- Davis, Karen and Raetzman, Susan. (December 1999). *Meeting Future Health and Long-Term Care Needs of an Aging Population*. Washington: The Commonwealth Fund. Available [www.cmwf.org/programs/elders/davis\\_ltc\\_aging\\_ib\\_350.asp](http://www.cmwf.org/programs/elders/davis_ltc_aging_ib_350.asp).
- Desai, Mayur M., Zhang, Ping and Hennessy, Catherine H. (1999). *Surveillance for Morbidity and Mortality Among Older Adults – United States, 1995-1996*. Atlanta, GA: Morbidity and Mortality Weekly Report, Vol. 48, No. SS8.
- Diagnosis and Treatment of Depression in Late Life*. NIH Consensus Statement Online 1991 Nov 4-6: [cited October 2000]; 9(3):1-27.
- ElderWeb.com Newsletter. [On-line] (April 26, 2000). *16 States Provide Prescription Drug Assistance to Older People*. Available [www.elderweb.com](http://www.elderweb.com).
- Feder, Judith, Komisar, Harriet L. and Niefeld, Marlen. (1999). *Long-Term Care in the United States: An Overview*. Project Hope. Available [www.medscape.com/ProjHope/](http://www.medscape.com/ProjHope/)
- Federal Interagency Forum on Aging Related Statistics. (2000). *Older Americans 2000: Key Indicators of Well-Being*. Available [www.agingstats.gov](http://www.agingstats.gov).

- Feinberg, Lynn Friss and Pilisuk, Tammy. (1999). *Survey of Fifteen States' Caregiver Support Programs: Executive Summary*. Family Caregiver Alliance. Available [www.caregiver.org](http://www.caregiver.org).
- Gadbois, Glenn and Handy, Susan. (1998). *Community Transportation in Texas*. Austin: Texas Health and Human Services Commission Office of Community Transportation Services for the Community Transportation Collaborate.
- Galinsky, Ellen and Bond, James T. (1998). *The 1998 Business Work-Life Study: A Sourcebook*. Families and Work Institute. Available [www.familiesandwork.org](http://www.familiesandwork.org).
- Gerth, Jeff. (October 12, 2000). Agency Plans to Study Drug Makers' Records to See Whether Deals Delay Generics. *New York Times*.
- Guide to Texas Senior Services. (1997). *Family Relationships and Caregiving*. Available <http://uts.cc.utexas.edu/~jangel/family>.
- Hare, Patrick. *Accessory Apartments*. The Supportive Housing Connection. Available [www.aoa.dhhs.gov/Housing/Accessory.html](http://www.aoa.dhhs.gov/Housing/Accessory.html).
- Harmon, Dave. (June 19, 2000). Campaigns concentrate on higher cost of drugs. *Austin American-Statesman*.
- Hobbs, Frank B., and Damon, Bonnie L. (1996). *65+ in the United States*. Washington: U.S. Bureau of the Census.
- Honig, Marjorie. (August 2000). *Study: Retirement Gap Hurts Minorities*. New York: American Society on Aging. Available [www.asaging.org](http://www.asaging.org).
- Householter, Mistie. (October 10, 2000). City to build new housing for seniors. *The Daily Texan*.
- Johnson, Richard W. and Lo Sasso Anthony T. (February 2000). *The Trade-Off between Hours of Paid Employment and Time Assistance to Elderly Parents at Midlife*. Washington: The Urban Institute. Available [www.urban.org](http://www.urban.org).
- Latimer, David. [cited 2000]. *Housing with Services*. Texas Journal on Aging. Vol. 1, No 1.
- Legal Hotline for Older Texans. (1999). *Alternatives to Guardianship Under Texas Law*.
- Legal Hotline for Older Texans. (2000). *Health Care Rights of Older Texans*.
- Legal Hotline for Older Texans. (2000). *Texas Probate Series: How Property Can be Owned in Texas to Minimize the Need for Probate*.
- Lichtblau, Eric. (January 10, 2000). Study: Elderly less at risk for crime. *Austin American-Statesman*.
- Mazur, Jeremy B., Henneberger, John, Paup, Karen and Vilenkin, Allie. (1999). *Austin's commitment to house the poor: An assessment of Austin's housing needs, housing*

*affordability and housing programs*. Austin: Texas Low Income Housing Information Service.

McClosky, Amanda. (2000). *Cost Overdose: Growth in Drug Spending for the Elderly 1992-2010*. Washington: Families USA.

McGinely, Laurie. (April 10, 2000). Uninsured Elderly Found to pay Higher Drug Prices than HMO's. *Wall Street Journal*.

McIver, Diana. *Senior Housing – The Next Millenium*. Texas Journal on Aging. Vol. 1, No 1.

NAELA Long-Term Care Task Force. (January 2000). *Reforming the Delivery, accessibility and Financing of Long Term Care in the United States*. National Academy of Elder Law Attorneys.

National Alliance for Caregiving and National Center on Women and Aging. (1999). *The MetLife Juggling Act Study: Balancing Caregiving with Work and the Costs Involved*. Metropolitan Life Insurance Company.

National Center on Elder Abuse. (1999). *Reporting of Elder Abuse in Domestic Settings*. Elder Abuse Information Series No. 3.

National Center on Elder Abuse. (1999). *Trends in Elder Abuse in Domestic Settings*. Elder Abuse Information Series No. 2.

National Center on Elder Abuse. (1999). *Types of Elder Abuse in Domestic Settings*. Elder Abuse Information Series No. 1.

National Council on the Aging. (2000) *Substance Abuse Among Older Adults*. Available [www.ncoa.org/news/subasuse/subabuse.html](http://www.ncoa.org/news/subasuse/subabuse.html).

National Economic Council/Domestic Policy Council. (2000). *America's Seniors and Medicare: Challenges for Today and Tomorrow A State by State Status Report*. Available [www.whitehouse.gov](http://www.whitehouse.gov).

National Institute on Aging (1996). *Age Page: Forgetfulness: It's Not Always What You Think*. Available [www.alzheimers.org](http://www.alzheimers.org).

Nolan, David C. (May 2000). *Affordable Assisted Living Comes Home*. Assisted Living Today.

O'Brien, Doug, Prendergast, Kimberly, Thompson, Eleanor, Fruchter, Marcus, and Aldeen, Halley Torres. (2000). *The Red Tape Divide: State-by-State Review of Food Stamp Applications*. Washington: America's Second Harvest. Available [www.secondharvest.org](http://www.secondharvest.org).

Outtz, Janice H., Brooks, Jennifer, Pearce, Diana, and Spalter-Roth, Roberta. (1997). *The Self-Sufficiency Standard for Texas; Selected Family Types*. Washington: Wider Opportunities for Women.

Pfizer, Inc. (February 2000). *New Facts About ...Falls and Mobility disorders in Older Adults*.

Planning for Incapacity. (1997). *Aging Issues Manual: A Project of the Dallas Association of Young Lawyers*. Distributed by the State Bar of Texas.

*Providing an Affordable Continuum of Care for Low-Income Residents of Senior Housing – A Working Paper for HUD’s National Conference on Elderly Housing*. (May 2000). Presented by The Elderly Housing Coalition Committee on the Continuum of Care.

Regnier, Victor and Culver, Julie. (1994). *Single Room Occupancy – SRO – Type Housing for Older People*. The Supportive Housing Connection. Available [www.aoa.dhhs.gov/Housing/sro.html](http://www.aoa.dhhs.gov/Housing/sro.html).

Regnier, Victor and Overton, Julie. (1992). *Assisted Living*. The Supportive Housing Connection. Available [www.aoa.dhhs.gov/Housing/assistedliving.html](http://www.aoa.dhhs.gov/Housing/assistedliving.html).

Roser, Mary Ann. (July 7, 2000). Doggett’s pet issue: Fairer prices on prescription drugs. *Austin American-Statesman*.

Schulz, Richard and Beach, Scott R. (1999). *Caregiving as a Risk Factor for Mortality*. JAMA v 282, no 23. Available <http://jama.ama-assn.org/>

Seton Health Care. (1998). *Behavioral Risk Factor Surveillance Survey*. Austin, TX.

Seton Health Care. (1998). *Survey of persons age 65 and older in ten county region*. Austin, TX.

Sheils, John F., Rubin, Robert and Stapleton, David C. (April 1999). *The estimated costs and savings of medical nutrition therapy*. Journal of the American Dietetic Association, 99. Available [www.eatright.org](http://www.eatright.org).

Shulman, Gerald D. (1998) *The Challenge of Assessment and Treatment of the Older Alcoholic and Substance Abuser*.

Social Security Administration. [cited 2000]. *Retirement Earnings Test*. Available [www.ssa.gov](http://www.ssa.gov).

Stuart, Bruce, Shea, Dennis and Briesacher, Becky. (2000). *Prescription Drug Costs for Medicare Beneficiaries: Coverage and Health Status Matter*. Washington: The Commonwealth Fund. Available [www.commonwealthfund.org/programs/](http://www.commonwealthfund.org/programs/)

Tennstedt, Sharon. (1999). *Family Caregiving in an Aging Society*. Available [www.aoa.gov/caregivers/FamCare.html](http://www.aoa.gov/caregivers/FamCare.html).

Texas Comptroller of Public Accounts. (2000). *Capital Regional Forecast*. Available [www.tcpa.state.tx.us](http://www.tcpa.state.tx.us).

Texas Comptroller of Public Accounts. (December 1999). *Fiscal Notes*.

Texas Department of Health. (1999). *Texas Risk Factor Report: Arthritis 1999 Survey Data*. Available [www.tdh.state.tx.us/chronicd/RFR.htm](http://www.tdh.state.tx.us/chronicd/RFR.htm)

Texas Department of Health. [cited 2000]. *EPIGRAM: Mortality Data from 1998 and 2000*. Austin: Texas State Data Center and Bureau of Vital Statistics.

Texas Department of Human Services. (1999). *Community Based Alternative Program Payment Rates Effective 09/01/99*. Available [www.dhs.state.tx.us/programs/rad/cbarate.html](http://www.dhs.state.tx.us/programs/rad/cbarate.html).

Texas Department of Human Services. (2000). *Programs for People Who Are Elderly or Disabled*. Available [www.dhs.state.tx.us/programs/Elderly](http://www.dhs.state.tx.us/programs/Elderly).

Texas Department of Human Services. (May 2000). *Frequently Asked Questions: Medicaid Program*. Available [www.dhs.state.tx.us/programs/Elderly/medicaidQandA.html](http://www.dhs.state.tx.us/programs/Elderly/medicaidQandA.html).

Texas Department of Human Services. (September 2000). *Food Stamp Recipients in Travis County*. Prepared by Cindy Alexander.

Texas Department of Insurance. (April 2000). *Medicare Supplement Insurance Handbook & Rate Guide*. Available [www.tdi.state.tx.us/consumer/medsup.html](http://www.tdi.state.tx.us/consumer/medsup.html).

Texas Department of Protective and Regulatory Services. (1998). *About PRS - 1998 Legislative Data Book ONLINE*. Available [www.tdprs.state.tx.us](http://www.tdprs.state.tx.us).

Texas Department of Protective and Regulatory Services. (1998). *Table 1 - 1998 Legislative Data Book ONLINE*. Available [www.tdprs.state.tx.us](http://www.tdprs.state.tx.us).

Texas Department of Protective and Regulatory Services. (1999). *1999 Annual Report*. Available [www.tdprs.state.tx.us/About\\_PRS](http://www.tdprs.state.tx.us/About_PRS).

Texas Department of Protective and Regulatory Services. (2000). *Adult Abuse Prevention Kit, A Resource Kit for Protecting the Elderly and People with Disabilities*. Available [www.tdprs.state.tx.us/Adult\\_Protections/Adult\\_Abuse\\_Prevention](http://www.tdprs.state.tx.us/Adult_Protections/Adult_Abuse_Prevention)

Texas Department of Protective and Regulatory Services. (2000). *Chapter 48. Investigations & Protection Services for Elderly & Disabled Persons*. Available [www.tdprs.state.tx.us](http://www.tdprs.state.tx.us).

Texas Department of Protective and Regulatory Services. (2000). *Facts About Adult Protective Services*. Available [www.tdprs.state.tx.us](http://www.tdprs.state.tx.us).

Texas Department on Aging. (2000). *Demographic Profile of the Elderly in Texas*. Policy and Planning Division. Available [www.tdoa.state.tx.us/stats.htm](http://www.tdoa.state.tx.us/stats.htm)

Texas Health and Human Services Commission. (January 1998). *Texas Long-Term Care Plan*. Available [www.hhsc.state.tx.us/si/ltcp/index.html](http://www.hhsc.state.tx.us/si/ltcp/index.html).

Texas Health and Human Services Commission. (1998). *1998 Biennial Report*. Austin: Office of Community Transportation Services. Available [www.gettingthere.net](http://www.gettingthere.net).

- Texas Health and Human Services Commission. (1999). *Community Transportation in Texas*. Austin: Office of Community Transportation Services. Available [www.gettingthere.net](http://www.gettingthere.net).
- Texas Health and Human Services Commission. (1999). *Innovations in Health and Human Services: Report to the 76<sup>th</sup> Legislature on Streamlining and Simplifying Delivery of Services*. Available [www.hhsc.state.tx.us/si/index.htm](http://www.hhsc.state.tx.us/si/index.htm)
- Texas Health and Human Services Commission. (1999). *Selected Information on Travis County*. Austin: Research Department, Fiscal Policy Division.
- Texas Health and Human Services Commission. (1998). *A Status Report on An Assessment of the Design and Delivery of Long-Term Services and Supports*. Available [www.hhsc.state.tx.us/cons.\\_bud/ltssrpt.htm](http://www.hhsc.state.tx.us/cons._bud/ltssrpt.htm).
- Texas Health and Human Services Commission. (July 2000). *Promoting Independence Implementation Plan (draft version 1.0)*.
- Texas Health and Human Services Commission. (March 2000). *Comparison of Services*.
- Texas Health and Human Services Commission. *Star+Plus "101"*. Available [www.hhsc.texas.gov/starplus/star\\_plus\\_101/Starplus101.htm](http://www.hhsc.texas.gov/starplus/star_plus_101/Starplus101.htm).
- Texas Workforce Commission. (1997). *Employer-Assisted Dependent Care in Texas*. Austin: Child Care/Work and Family Clearinghouse.
- Texas Young Lawyers Association. (1999). *To Will or Not To Will*.
- The American Dietetic Association. (1999). *Recent Evidence Supports Medical Nutrition Therapy Coverage*. Available [www.eatright.org](http://www.eatright.org)
- The American Dietetic Association. (2000). Medical Nutrition Therapy – A Solution That Saves! Available [www.eatright.org](http://www.eatright.org)
- The United States Senate Special Committee on Aging. (July 20, 1999). *Drugstore Surprise: The Impact of Drug Switching on Older Americans*. Hearing Summary. Available [www.senate.gov/~aging](http://www.senate.gov/~aging).
- U. S. Department of Health and Human Services. (2000). *HMO Withdrawals Impact on Medicare Beneficiaries*. Washington: Office of the Inspector General (OEI-04-00-00390). Available <http://oig.hhs.gov/oei>
- U. S. Health Care Financing Administration. (2000). *1915(b) Freedom of Choice Waivers*. Available [www.hcfa.gov/medicaid/hpg3.htm](http://www.hcfa.gov/medicaid/hpg3.htm).
- U. S. Health Care Financing Administration. (2000). *Home and Community-Based Services 1915(c) Waivers*. Available [www.hcfa.gov/medicaid/hpg4.htm](http://www.hcfa.gov/medicaid/hpg4.htm).

- U. S. Health Care Financing Administration. (2000). *Medicare and Home Health Care*. Available [www.medicare.gov](http://www.medicare.gov).
- U. S. Health Care Financing Administration. (2000). *Medicare Basics*. Available [www.medicare.gov/Basics](http://www.medicare.gov/Basics).
- U. S. Health Care Financing Administration. (2000). *Program of All-Inclusive Care for the Elderly (PACE) History*. Available [www.hcfa.gov/medicaid/pace/pacegen.htm](http://www.hcfa.gov/medicaid/pace/pacegen.htm).
- U. S. Health Care Financing Administration. (2000). *Section 1915(b)/(c) Waiver Programs*. Available [www.hcfa.gov/medicaid/hpg8.htm](http://www.hcfa.gov/medicaid/hpg8.htm).
- U.S. Department of Health and Human Services. (1999). *Family Caregiving in an Aging Society*. Washington: Administration on Aging. Available [www.aca.dhhs.gov/caregivers/FamCare.html](http://www.aca.dhhs.gov/caregivers/FamCare.html)
- U.S. Department of Health and Human Services and AARP. (1998). *A Profile of Older Americans: 1998*. Available [www.aoa.dhhs.gov](http://www.aoa.dhhs.gov).
- U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*. Rockville MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institute of Health, National Institute of Mental Health. Available [www.surgeongeneral.gov/library/mentalhealth/home.html](http://www.surgeongeneral.gov/library/mentalhealth/home.html)
- U.S. Department of Health and Human Services. (2000). *AgePage: Crime and Older People*. Washington: National Institute on Aging. Available [www.nih.gov](http://www.nih.gov).
- U.S. Department of Health and Human Services. (1998) *Substance Abuse Among Older Adults, Treatment Improvement Protocol Series 26*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. Available <http://text.nlm.nih.gov/ftsr/tocview>
- U.S. Department of Health and Human Services. (May, 7 1998) *Substance Abuse: Older Adults at Serious Risk* (Press Release). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Available [www.samhsa.gov](http://www.samhsa.gov).
- U.S. Department of Labor. (2000). *Fact Sheet No. 028: The Family and Medical Leave Act of 1993*. Available [www.dol.gov](http://www.dol.gov)
- U.S. Dept. of Health and Human Services. (1995). *Aging and Alcohol Abuse*. Washington: National Institute on Aging. Available [www.nih.gov](http://www.nih.gov).
- U.S. Dept. of Health and Human Services. (2000). *Caregiver Support*. Washington: Administration on Aging. Available [www.aoa.gov](http://www.aoa.gov).

- U.S. Dept. of Health and Human Services. (2000). *Family Caregiver Fact Sheet*. Washington: Administration on Aging. Available [www.aoa.gov](http://www.aoa.gov).
- U.S. Dept. of Health and Human Services. (2000). *Older Adults, Transportation and Longevity*. Administration on Aging. Available [www.aoa.gov/factsheets/transportation.html](http://www.aoa.gov/factsheets/transportation.html).
- U.S. Health Care Financing Administration. (January 2000). *Guidance on the Olmstead Decision and Fact Sheet*. Available [www.hcfa.gov/medicaid/smd1140a.htm](http://www.hcfa.gov/medicaid/smd1140a.htm).
- Under the Umbrella Capital Region Senior Citizens Find Help*. (2000). Available [www.nonprofits.org/gallery](http://www.nonprofits.org/gallery).
- United State Department of Agriculture. (2000). *The Nutrition Safety Net: Help for the Elderly and Disabled*. Available [www.usda.gov](http://www.usda.gov).
- United Way of Allegheny County. *Aging Environmental Scan*. Pennsylvania: The Jewish Healthcare Foundation and the Southwestern Partnership for Aging.
- University of Maryland Center on Aging. (March 2000). *Medicare/Medicaid Integration Program*. Available [www.inform.umd.edu/aging/MMIP/](http://www.inform.umd.edu/aging/MMIP/)
- Wellman, NS, Weddle, DO, Kranz, S, and Brain, CT. (1996). *Elder Insecurities: Poverty, Hunger and Malnutrition*. *ADA HungerLine* 6. Available [www.fiu.edu](http://www.fiu.edu).
- Wiener, Joshua M and David G Stevenson. (August 1998). *Long Term Care for the Elderly: Profiles of Thirteen States*. Occasional Paper No. 12. Washington: Urban Institute. Available [www.urban.org](http://www.urban.org).
- Yahoo! News [On-line]. (June 21, 2000). *Congressman accuses drug companies of collusion*.
- Yahoo! News. [On-line]. (August 30, 2000). *Quitting can help even elderly smokers live longer*.